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Risk, Resiliency, and Coping in National Guard Families

PRINCIPAL INVESTIGATOR:

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| 14. ABSTRACT<br>National Guard families face unique challenges and stressors because of distance from military supports and subsequent dependence on civilian communities. The <i>Risk, Resiliency, and Coping in National Guard Families</i> study aims to address key gaps in our understanding of the effects of deployment on family functioning. Completing the first of three years, study team members have collected surveys from service members and their spouse/significant other or parent at pre-deployment and post-deployment events. We have assessed individuals on factors of risk (what makes these families vulnerable) and resiliency (what makes these families strong). We have collected a total of 896 post-deployment surveys and will begin integrating this data with pre-deployment data and running analysis during year two of the project. In addition, we have conducted 40 in-depth family interviews to understand more fully the family strengths and resources utilized in successful adaptation to deployment and reintegration stress. MPHI and university partners aim to expedite the analysis and dissemination of study findings so that collaboratively military and community partners can promote resilient military families. |                  |  |   |   |
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## Introduction:

*Risk, Resiliency, and Coping in National Guard Families* is a study looking at the interdependence and mutual influence of family processes, (meaning/schema and utilization of resources) that contribute to risk and resiliency in families from a National Guard (NG) infantry battalion over a period of three years including pre-deployment, post-deployment, and yearly follow up assessments. The study team is examining risk and resilience factors for various family types (couples, families with children, single NG with and without parental support, single NG with children, blended families, etc.) via longitudinal quantitative and qualitative data collection.

## Body:

### Task 1. Contractual agreements signed

MPHI has contracts signed and special contract requirements provided to U.S. Army Medical Research and Materiel Command (USAMRMC). MPHI drafted a data use agreement, distributed to Michigan State University (MSU), University of Michigan (UM), and Virginia Tech investigators. MPHI has hosted conference calls to discuss data use agreement, made revisions to the data use agreement as suggested by university partners, and continues to work with the grants and contracts offices to resolve any concerns raised by partnering institutions. MPHI has hired and trained research personnel to support the project.

### Task 2. Regulatory review and approval processes for studies involving human subjects

MPHI submitted application to Office of Research Integrity for review and received Institution Review Board (IRB) approval. We worked with partnering institutions on documentation and supplemental information requested by their IRBs. MPHI submitted paperwork and received authorization to proceed with research from the USAMRMC's Office of Research Protections. MPHI has submitted application for renewal of IRB.

### Task 3. SharePoint site for project management and document sharing among project staff from partnering universities

MPHI created and deployed the SharePoint site during the first quarter of the project and continues to host the site while providing maintenance and updates as needed. The project SharePoint site is used for collaboration among partners and documentation of research activities.

### Task 4. Grant reporting requirements

MPHI has submitted quarterly reports to USAMRMC and worked collaboratively with partnering PI to submit annual report. Quarterly financial reports SF425 were submitted by MPHI.

### Task 5. Quantitative data collection as it relates to Objective 1

MPHI assisted MSU with time 2 paper surveys collected. Time 2 paper surveys were collected at conference sites of MI ARNG Yellow Ribbon Reintegration events with 603 Service Member, 280 Spouse, and 13 Parents completing surveys during this wave of the data collection. Surveys are attached in Appendix A. MPHI developed an online survey tool for Time 3 and 4 data collection. MPHI has assisted with packet preparation for Time 3 face to face survey collection at the drill sites as well as preparing post-card reminders for online survey participants.

### Task 6. Data management activities

MPHI created secure database where survey data is stored. MPHI tested online survey capabilities and upgraded online survey to accommodate data entry and data management needs of university partners. Online survey was used for data entry for time 2 data collection. MPHI interfaces between IST and project personnel as it relates to project management activities on SharePoint, data entry on secure server, online surveys, and other data management activities.

### Task 7. Data collection activities that relate to Objective 2

MPHI received volunteer forms from families willing to participate in family interviews, and identified 40 families to participate in qualitative interviews for Objective 2. MPHI worked with partners from MSU and Virginia Tech to develop and finalize interview guide. Principal Investigators (PIs) from MPHI and MSU field tested the interview guide in February 2013. Interview guide is attached in Appendix B. MPHI coordinated

interviews for Time 1 data collection related to Objective 2 during times that families and two research personnel were available to conduct interviews. Forty interviews were completed between March 2013 and June 2013 throughout the state of Michigan.

#### Task 8. Data management activities that relate to Objective 2

MPHI transcribed 40 interviews and cleaned the transcripts of any identifying information. MPHI loaded the transcripts on a secure server providing access to authorized personnel from the universities doing the qualitative analysis. MPHI coordinated weekly conference calls for process of establishing and managing the master codebook.

#### Task 9. Utilize findings in theory development

MPHI and the study team are not scheduled to begin theory development until year three of the project.

#### Task 10. Activities that relate to dissemination

MPHI and MSU have initiated dissemination efforts even though the statement of work reflects dissemination activities in years two and three. MPHI worked with the initiating PI to prepare a presentation for the American Psychological Association (Appendix C).<sup>1</sup>

Dr. Gorman (MPHI) and Dr. Blow (MSU) presented updates to the Maj. Gen. Gregory Vadnais, The Adjutant General of the Michigan National Guard and his staff; COL Greg Durkac, COL Mary Jones, LTC Jefferey Connell, CSM Daniel Lincoln, CW4 Jeannie O'Dell, CSM Daniel Lincoln, and 1LT Stephanie Boltrick. The purpose of the presentation was to update the military community on the progress of the current study in the context of previous collaborative efforts, share updates on how research from the collaborative has been utilized to benefit the military community, and begin discussion about how to collaborate with the Michigan National Guard to utilize emerging findings to promote resilient military families. This presentation can be found in Appendix D.<sup>2</sup>

Other presentations on how findings can be utilized by public health and local communities to promote resilient military families include Dr. Gorman's roundtable at the National Network of Public Health Institutes national conference, *Fostering innovation and partnerships to address emerging public health issues*<sup>3</sup> (Appendix E); keynote address for Michigan Family Medicine Research Day, *Citizen Soldiers: What do they mean for my medical practice?*<sup>4</sup> (Appendix F); and interactive presentation, *Risk, Resiliency, and Coping in National Guard Families*<sup>5</sup> (Appendix G) to MPHI breakfast club engaging members of the public health community.

Dr. Gorman was also asked by Governor Rick Snyder's Strategy Advisor, Sara Wycoff to provide supplement information on unique issues National Guard and Reserve encounter accessing mental health services provided by the United States Veterans Health and/or Benefit Administration (Memorandum attached as Appendix H<sup>6</sup>). Dr. Gorman is currently working with the Michigan Veterans Affairs Agency and Department of Community Health, Bureau of Community Mental Health Services as they pursue funding from the Rural Veteran Coordination Pilot Grant Program to improve coordination and access to services for rural veterans. If funded, this project would have the potential to increase community capacity to promote resilience in National Guard or Reserve members who are veterans and may be active-duty status in the future.

#### **Key Research Accomplishments:**

- IRB and HRPO approval and compliance.
- Creation of the secure online database and survey tool.
- Completion of Time 1 and 2 quantitative data collection (603 Service Members, 280 Spouses, and 13 Parents completing surveys for time 2).
- All raw data entered for Time 1 and Time 2 with data cleaning and management progressing.
- Completion of 40 family interviews for Time 1 data collection.
- All 40 family interviews transcribed, master codebook established, with 75% of qualitative data transcribed one month prior to the end of year 1.
- Dissemination activities initiated ahead of schedule.

## Reportable Outcomes:

### National Presentations:

- American Psychological Association 2013 Symposium. *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. (24 July 2013).<sup>1</sup>
- NNPHI Annual Conference roundtable. *Fostering innovation and partnerships to address emerging public health issues*. (15 April 2013).<sup>3</sup>

### State & Local presentations:

- Michigan Family Medicine Research Day (23 May 2013)<sup>4</sup>
- Presentation to the Adjutant General and staff of Michigan National Guard (13 August 2013)<sup>2</sup>
- MPHI Breakfast Club (22 August 2013).<sup>5</sup>

### Policy

- Supplement to USVA Mental Health Services and Benefits Memorandum requested by Governor Snyder's office (5 May 2013).<sup>6</sup>

### Grant application

- Partnering with Michigan Veterans' Affairs Agency on application to U.S. Department of Veterans Affairs Rural Veteran Coordination Pilot.

## Conclusion:

*Risk, Resiliency, and Coping with National Guard Families* has completed the first 11 months of the project timeline ahead of schedule. MPHI PI will continue to make strides toward dissemination efforts and expect to have additional findings to report with the initiating PIs annual report. All findings at this point are very preliminary and should not be reported for open dissemination until additional data cleaning and analysis are complete. With that being said, initial findings suggest that service members and spouses within this sample report similar levels of PTSD, depression, substance abuse, and suicidal ideation as service members and spouses in other published post-deployment studies. For the first time, the study team has collected pre-deployment and post-deployment assessments on not only the service member but also on their spouse/significant other and a small sample of parents of service members. Analyses are yet to be done to determine if depression and not PTSD is the predicting factor for couple readjustment when we factor in pre-deployment health status. *Risk, Resiliency, and Coping in National Guard Families* sample contains pre and post-deployment data on parenting stress and the parent's report of child outcomes. The data set also contains health service utilization patterns of service members and spouses which have the potential to inform public health and policy to maximize benefit for military families. Further, preliminary findings in the qualitative data analysis suggest that National Guard families are deeply impacted by the lack of understanding from their civilian counterparts in the communities where they reside. Study quotes used in the MPHI Breakfast Club interactive presentation (Appendix G) were a powerful tool for raising community awareness and may be useful for community outreach and engagement activities. While MPHI has completed almost all project tasks ahead of schedule, a large portion of MPHI staff time in the next two years will be dedicated to coordination of two more waves of data collection for both the quantitative and qualitative objectives. MPHI, *Risk, Resiliency, and Coping with National Guard Families*, and more importantly, the military families we aim to serve, could benefit from even a small amount of additional funding to support staff time designated exclusively to dissemination efforts of collaborative partners. Dedicated to improving community health through collaboration, MPHI and our university partners aim to expedite the analysis and dissemination of study findings.

## References:

1. Blow, A., Gorman, L., & Kees, M. (July 2013). *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. Presentation at the American Psychological Association 2013 Symposium. Honolulu, Hawaii.
2. Blow, A., Gorman, L. (August 2013). Report to National Guard. Presentation at Michigan National Guard Headquarters. Lansing, MI.
3. Hamilton, L. & Gorman, L. (April 2013). *Fostering innovation and partnerships to address emerging public health issues*. Presentation at the National Network of Public Health Institutes Annual Conference roundtable. New Orleans, LA.
4. Gorman, L. (May 2013) *Citizen Soldiers: What do they mean for my medical practice?* Presentation at the Michigan Family Medicine Research Day. Howell, MI.
5. Gorman, L. (August 2013). *Risk, Resiliency, and Coping in National Guard Families*. Presentation at Michigan Public Health Institute Breakfast Club Event. Okemos, MI.
6. Gorman, L. Memorandum on National Guard Assessing Veterans Affairs Benefits. 2013.

## Appendices:

- A. Surveys**
- B. Interview Guide**
- C. American Psychological Association presentation**
- D. Report to Michigan National Guard**
- E. National Network Public Health Institutes presentation**
- F. Michigan Family Medicine Research Day presentation**
- G. MPHI Breakfast Club presentation & Study Quotes**
- H. Memorandum on NG accessing VA benefits**

## Michigan Army National Guard Post-Deployment Survey Service Member

In the next pages, we ask a number of questions about your life and experiences. Your answers will be important to helping us understand what issues military service members face prior to a deployment and the areas of pre-deployment programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

For example:

| <b>Question</b>   | <b>Answer</b>                | <b>1<sup>st</sup> letters/#s of the answer</b> |
|---|------------------------------|--|
| Example: What is your dog's name  | Spot                         | <u>S</u> <u>P</u> <u>O</u>                     |
| Example: What is your favorite color  | Blue                         | <u>B</u> <u>L</u> <u>U</u>                     |
| Example: What is the day of the month of Christmas                                    | 25 <sup>th</sup> of December | <u>2</u> <u>5</u>                              |
| EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u> |                              |  |

### INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

| <b>Question</b>  | <b>1. Write your Answer</b> | <b>2. Write the 1<sup>st</sup> 3 letters/#s of your answer</b> |
|--|-----------------------------|--|
| What is your mother's maiden name?   |                             | ____   |
| What was the make of your first car?<br>(e.g. Ford, Chevrolet, Honda, etc.)  |                             | ____   |
| What is the day of the month you were born? (if you were born on the 4 <sup>th</sup> of May your answer would be 04) |                             | ____   |

3. Write the first 3 letters/#s from each of your above answers    \_ \_ \_    \_ \_ \_    \_ \_ \_  
This is your personal code.

\*\*\*DETACH THIS PAGE FROM THE SURVEY\*\*\*

Participant to keep this page.





# Michigan Army National Guard Post-Deployment Survey

## Service Member

Please write your personal code from the previous page:

SMID

### 1. DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

| Age:<br><b>AGE</b>                 | Gender:<br><b>GENDER</b>          | Marital Status:<br><b>MARITALSTATUS</b>            | Ethnicity<br>(check all that apply):<br><b>ETHNICITY</b> | Highest Level of<br>Education:<br><b>EDUCATION</b>                   | Annual Family<br>Income:<br><b>INCOME</b>        |
|------------------------------------|-----------------------------------|--|--|--|--|
| 1 <input type="checkbox"/> 18-21   | 1 <input type="checkbox"/> Female | 1 <input type="checkbox"/> Married                 | 1 <input type="checkbox"/> African American              | 1 <input type="checkbox"/> Some high school                          | 1 <input type="checkbox"/> Below \$25,000        |
| 2 <input type="checkbox"/> 22-24   | 2 <input type="checkbox"/> Male   | 2 <input type="checkbox"/> Unmarried, Cohabiting   | 2 <input type="checkbox"/> Asian American                | 2 <input type="checkbox"/> GED                                       | 2 <input type="checkbox"/> \$25,001 to \$50,000  |
| 3 <input type="checkbox"/> 25-30   |                                   | 3 <input type="checkbox"/> Committed relationship, | 3 <input type="checkbox"/> Caucasian                     | 3 <input type="checkbox"/> High school diploma                       | 3 <input type="checkbox"/> \$50,001 to \$75,000  |
| 4 <input type="checkbox"/> 31-40   |                                   | 4 <input type="checkbox"/> Divorced                | 4 <input type="checkbox"/> Hispanic                      | 4 <input type="checkbox"/> Some college                              | 4 <input type="checkbox"/> \$75,001 to \$100,000 |
| 5 <input type="checkbox"/> 41-50   |                                   | 5 <input type="checkbox"/> Separated               | 5 <input type="checkbox"/> Native American               | 5 <input type="checkbox"/> Technical certificate or Associate degree | 5 <input type="checkbox"/> Over \$100,000        |
| 6 <input type="checkbox"/> Over 50 |                                   | 6 <input type="checkbox"/> Widowed                 | 6 <input type="checkbox"/> Asian American                | 6 <input type="checkbox"/> Bachelor's degree                         |  |
|                                    |                                   | 7 <input type="checkbox"/> Single                  | 7 <input type="checkbox"/> Multi-ethnic                  | 7 <input type="checkbox"/> Graduate degree                           |  |
|                                    |                                   | 8 <input type="checkbox"/> Other                   | 8 <input type="checkbox"/> Other                         |  |  |

Who do you currently live with? (check all that apply) :

**CURRENTLIVE**

1 ☐ Alone

2 ☐ Spouse/significant other

3 ☐ Child(ren)

4 ☐ Parent(s)

5 ☐ Sibling(s)

6 ☐ Other relative

7 ☐ Roommate

I am a member of:

**MILITARYSTATUS**

1 ☐ Army National Guard

2 ☐ Air National Guard

3 ☐ Other

Years in

**National Guard:**

**YrsNatlGuard**

1 ☐ 0-4 years

2 ☐ 5-10 years

3 ☐ 11-20 years

4 ☐ Over 20 years

Current Rank or Rank at last discharge:

**RANK**

1 ☐ E1-E4

2 ☐ E5-E6

3 ☐ E7-E9

4 ☐ 01-03

5 ☐ 04-09

6 ☐ W01-5

Other Military Service (check all that apply): **code each option True/False**

☐ Only in National Guard

**OtherMilSrvNatlGuard**

☐ Other Reserve Service

**OtherMilSrvReserve**

(list which Reserve Service)

☐ Army (Active component)

**OtherMilSrvArmyAct**

☐ Marines (Active component)

**OtherMilSrvMarineAct**

☐ Air Force (Active component)

**OtherMilSrvAirFrcAct**

☐ Navy (Active component)

**OtherMilSrvNavyAct**

☐ Coast Guard (Active component)

**OtherMilSrvCstGrdAct**

Years non-Guard Military Service:

**YrsNonGrd**

1 ☐ 4 years or less

2 ☐ 5-10 years

3 ☐ 11-20 years

4 ☐ Over 20 years

## 2. EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply) **Code each True/False**

☐ Full-time permanent position with AGR

**FullARG**

☐ Part-time, temporary military work (M-day or ADOS)

**PartTimeMiliatry**

☐ Full-time permanent position in community

**FullCommunity**

☐ Part-time work in the community

**PartTimeCommunity**

☐ Retired

**Retired**

☐ A student

**Student**

☐ Unemployed

**Unemployed**

☐ Less than 30% VA disability

**Less30Disability**

☐ More than 30% disability

**More30Disability**

☐ Other, please specify: \_\_\_\_\_

**Other**

If you are not working or going to school, check here ☐ and skip to Section 3. Family Relationships. **Code True/False**

If you are working or going to school, please complete the following questions: **WHO Health & Performance Questionnaire (HPQ)**

About how many hours did you work for wages in the past 7 days? **HPQB3WkHrs** \_\_\_\_\_ Hours

In the past 4 weeks (28 days), how many days (0-28) did you... **HPQB5aWorkMissed**

... miss an entire work or school day because of problems with your physical or mental health? \_\_\_\_\_ Days  
(Please include only days missed for your own health, not someone else's health.)

On a scale from 0 to 10 where 0 is the worst job/academic performance and 10 is the top job/academic performance, how would you rate your job/school performance in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. **HPQB11WorkPerfmSW**

(Please circle your response.)

Worst

Performance

**0**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

Top

Performance

**10**

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. **RRPWorkSat**

(Please circle your response.)

Completely  
Unsatisfied

**0**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

Completely  
Satisfied

**10**

## 3. FAMILY RELATIONSHIPS. (The questions in this section are about your relationships with extended family. Please mark or circle the answer that best applies to you now.)

Since you have returned from deployment, approximately how close do you live to your nearest parent? (check one box).

**Parent Proximity**1 ☐ We share a residence.2 ☐ We live in the same community close to each other.3 ☐ We live about a one-two hour drive apart.4 ☐ We live a far distance from each other.

During your deployment, how often do you talk to your parents, siblings, or other extended family?

**By voice communication (e.g. Telephone, Skype audio)?**

| Mother       | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComMomVoice |
|--------------|-------|-----------|--------|------------|---------|-----------|--------|-------|-------------|
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Father       | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComDadVoice |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Sibling      | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComSibVoice |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Other family | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComOthVoice |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |

**In person?**

| Mother       | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComMomPer |
|--------------|-------|-----------|--------|------------|---------|-----------|--------|-------|-----------|
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |           |
| Father       | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComDadPer |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |           |
| Sibling      | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComSibPer |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |           |
| Other family | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComOthPer |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |           |

**By email/text message/instant messaging?**

| Mother       | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComMomEmail |
|--------------|-------|-----------|--------|------------|---------|-----------|--------|-------|-------------|
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Father       | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComDadEmail |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Sibling      | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComSibEmail |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Other family | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComOthEmail |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |

**Through Video Communication (e.g., Skype video, video conferencing)?**

| Mother | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComMomVideo |
|--------|-------|-----------|--------|------------|---------|-----------|--------|-------|-------------|
|        | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |
| Father | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never | ComDadVideo |
|        | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |             |

| Sibling      | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never |
|--------------|-------|-----------|--------|------------|---------|-----------|--------|-------|
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |
| Other family | Daily | 2-3x/week | Weekly | 2-3x/month | Monthly | 2-3x/Year | Yearly | Never |
|              | 1     | 2         | 3      | 4          | 5       | 6         | 7      | 8     |

How would you describe your parents' current relationship? (Please check all that apply.) **Code each True/False**

- ☐ My parents are married to each other. **ParentsMarried**    ☐ My mother has remarried. **MomRemarried**
- ☐ My mother is deceased **MotherDeceased**    ☐ My parents are divorced. **ParentsDivorced**
- ☐ My father has remarried. **DadRemarried**    ☐ My father is deceased **FatherDeceased**

How would you describe your relationship with your mother? **MomRelat**

Worst Relationship    1    2    3    4    5    6    7    8    9    Best Relationship

How would you describe your relationship with your father? **DadRelat**

Worst Relationship    1    2    3    4    5    6    7    8    9    Best Relationship

Do you talk to either of your parents more often than the other? **DiffCommParents**

- 1 ☐ Yes, I talk to my mother more often    2 ☐ Yes, I talk to my father more often    3 ☐ No, I talk to them the same amount

It is easy to talk to my mother because:

**TalkMom**

- 1 ☐ She and I have some similar experiences
- 3 ☐ She helps me connect to people who can help me
- 5 ☐ I know she will keep our conversations confidential
- 7 ☐ She listens without judging me
- 9 ☐ Other \_\_\_\_\_

**OR**

I do not talk to my mother because:

- 2 ☐ There is no way she can understand my experiences
- 4 ☐ It feels like she is judging me when I talk about my struggles
- 6 ☐ She feels I should "man up" and get over it
- 8 ☐ We don't have the kind of relationship where we talk about personal difficulties
- 10 ☐ Other \_\_\_\_\_

It is easy to talk to my father because:

**TalkDad**

- 1 ☐ He and I have some similar experiences
- 3 ☐ He helps me connect to people who can help me
- 5 ☐ I know he will keep our conversations confidential
- 7 ☐ He listens without judging me
- 9 ☐ Other \_\_\_\_\_

**OR**

I do not talk to my father because:

- 2 ☐ There is no way he can understand my experiences
- 4 ☐ It feels like he is judging me when I talk about my struggles
- 6 ☐ He feels I should "man up" and get over it
- 8 ☐ We don't have the kind of relationship where we talk about personal difficulties
- 10 ☐ Other \_\_\_\_\_

If you have siblings, can you talk to one of your siblings about difficult experiences? (if no siblings, leave blank) **SibDiffExp**

Completely Unable    1    2    3    4    5    6    7    8    9    Can talk about anything with siblings

If you can talk to one of your siblings about difficult subjects, how do they help you know that it is ok to talk to them?

**SibDiffExpHow**

- 1 ☐ They offer to listen    3 ☐ They are willing to talk when I ask
- 2 ☐ They keep our conversations confidential    4 ☐ They know how to help me find additional help if I need it

If a family member contacted you about your current stressors, problems, or mental health concerns, would you rather talk:**FamStressTalkMeans**

- 1 ☐ On the phone      2 ☐ In person      3 ☐ By email or instant messaging      4 ☐ I would rather not talk to them

If you were having emotional difficulties, how often would you want a family member to contact you to make sure things were OK?

**EmotDiffFamContFreq**

- 1 ☐ Daily  
2 ☐ Weekly  
3 ☐ Once a month  
4 ☐ Once every 3 months  
5 ☐ Once every 6 months  
6 ☐ Once every year  
7 ☐ Never

**4. SOCIAL SUPPORT.** (The next section asks questions about people in your life. Please mark the box that best describes your experience.)

Definitely  
FALSE 0

Probably  
FALSE 1

Probably  
TRUE 2

Definitely  
TRUE 3

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me. <b>ISEL1</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel that there is no one I can share my most private worries and fears with. <b>ISEL2</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I were sick, I could easily find someone to help me with my daily chores. <b>ISEL3</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. There is someone I can turn to for advice about handling problems with my family. <b>ISEL4</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. <b>ISEL5</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to. <b>ISEL6</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I don't often get invited to do things with others. <b>ISEL7</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden) <b>ISEL8</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If I wanted to have lunch with someone, I could easily find someone to join me. <b>ISEL9</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If I was stranded 10 miles from home, there is someone I could call who could come and get me. <b>ISEL10</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. <b>ISEL11</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. <b>ISEL12</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters? **ISELSupport**

- 0 ☐ I was thinking primarily about my spouse/significant other      1 ☐ I was thinking primarily about one person (not spouse/significant other)      2 ☐ I was thinking about several potential supporters

5. **LIFESTYLE.** This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

|  | Strongly<br>DISAGREE 1   | Disagree<br>2            | Slightly<br>disagree<br>3 | NEITHER<br>agree nor<br>disagree 4 | Slightly<br>agree 5      | Agree 6                  | Strongly<br>AGREE 7      |
|--|--------------------------|--------------------------|---------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| a. In most ways my life is close to my ideal. <b>SWLS1</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The conditions of my life are excellent. <b>SWLS2</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I am satisfied with my life. <b>SWLS3</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. So far I have gotten the important things I want in life. <b>SWLS4</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If I could live my life over, I would change almost nothing. <b>SWLS5</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us your thoughts about your life by marking each item as it applies to you.

|  | Disagree<br>a lot<br>0   | Disagree a<br>little<br>1 | Neither agree<br>or disagree<br>2 | Agree a<br>little<br>3   | Agree<br>a lot<br>4      |
|--|--------------------------|---------------------------|-----------------------------------|--------------------------|--------------------------|
| a. In uncertain times, I usually expect the best. <b>LOTR1</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If something can go wrong for me, it will. <b>LOTR2</b>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I'm always optimistic about my future. <b>LOTR3</b>                       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I hardly ever expect things to go my way. <b>LOTR4</b>                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I rarely count on good things happening to me. <b>LOTR5</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Overall, I expect more good things to happen to me than bad. <b>LOTR6</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| g. There is not enough purpose in my life. <b>LOTR7</b>                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. To me, the things I do are all worthwhile. <b>LOTR8</b>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Most of what I do seems trivial and unimportant to me. <b>LOTR9</b>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I value my activities a lot. <b>LOTR10</b>                                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I don't care very much about the things I do. <b>LOTR11</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I have lots of reasons for living. <b>LOTR12</b>                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |



These next questions ask for your opinions about what it is usually like living in your home. For each item, please circle what life is like in your home:

|   | Not at all true<br>0     | A little bit<br>True<br>1 | Somewhat<br>true<br>2    | Definitely true<br>3     |
|---|--------------------------|---------------------------|--------------------------|--------------------------|
| a. There is very little commotion in my home.<br><b>HomeLife1</b>                         | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My family can usually find things when we need them. <b>HomeLife2</b>                  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My family almost always seems to be rushed.<br><b>HomeLife3</b>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My family is usually able to stay on top of things.<br><b>HomeLife4</b>                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. No matter how hard we try, my family always seems to be running late. <b>HomeLife5</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. It's a real zoo in my home. <b>HomeLife6</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. At home, we can talk to each other without being interrupted. <b>HomeLife7</b>         | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. There is often a fuss going on at my home.<br><b>HomeLife8</b>                         | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. No matter what my family plans, it usually doesn't seem to work out. <b>HomeLife9</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I can't hear myself think in my home.<br><b>HomeLife10</b>                             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I often get drawn into other people's argument at home. <b>HomeLife11</b>              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My home is a good place to relax. <b>HomeLife12</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. The telephone takes up a lot of my family's time at home. <b>HomeLife13</b>            | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. The atmosphere in my home is calm.<br><b>HomeLife14</b>                                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| o. First thing in the day, my family has a regular routine at home. <b>HomeLife15</b>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

These next questions ask about possible life experiences you may have had during the past year. Read each of the events listed below, and place a "1" next to any event which has occurred to you within the past year. If not, place a "0". Code as 0 or 1 or leave missing if the questions are not in the questionnaire

- \_\_\_\_\_ 1. Children with problems **Lifestyle\_life\_exp\_past\_yr1**
- \_\_\_\_\_ 2. You began or stopped work **Lifestyle\_life\_exp\_past\_yr2**
- \_\_\_\_\_ 3. Conflict with family members **Lifestyle\_life\_exp\_past\_yr3**
- \_\_\_\_\_ 4. Change in living situation **Lifestyle\_life\_exp\_past\_yr4**
- \_\_\_\_\_ 5. Death of close friend **Lifestyle\_life\_exp\_past\_yr5**
- \_\_\_\_\_ 6. Death of close family member **Lifestyle\_life\_exp\_past\_yr6**
- \_\_\_\_\_ 7. Illness or injury of close family member **Lifestyle\_life\_exp\_past\_yr7**
- \_\_\_\_\_ 8. Change in responsibilities **Lifestyle\_life\_exp\_past\_yr8**
- \_\_\_\_\_ 9. Betrayal by family or loved ones **Lifestyle\_life\_exp\_past\_yr9**
- \_\_\_\_\_ 10. Cheating partner **Lifestyle\_life\_exp\_past\_yr10**
- \_\_\_\_\_ 11. Increase in number of arguments with partner **Lifestyle\_life\_exp\_past\_yr11**
- \_\_\_\_\_ 12. Pregnancy **Lifestyle\_life\_exp\_past\_yr12**
- \_\_\_\_\_ 13. Childbirth **Lifestyle\_life\_exp\_past\_yr13**
- \_\_\_\_\_ 14. Financial concerns/trouble **Lifestyle\_life\_exp\_past\_yr14**
- \_\_\_\_\_ 15. Deployment of partner **Lifestyle\_life\_exp\_past\_yr15**
- \_\_\_\_\_ 16. Relocation or move **Lifestyle\_life\_exp\_past\_yr16**
- \_\_\_\_\_ 17. Marital separation **Lifestyle\_life\_exp\_past\_yr17**
- \_\_\_\_\_ 18. Personal injury or illness **Lifestyle\_life\_exp\_past\_yr18**
- \_\_\_\_\_ 19. Problem with friends **Lifestyle\_life\_exp\_past\_yr19**
- \_\_\_\_\_ 20. Return of partner from deployment **Lifestyle\_life\_exp\_past\_yr20**
- \_\_\_\_\_ 21. Other \_\_\_\_\_ **Lifestyle\_life\_exp\_past\_yr21 / Lifestyle\_life\_exp\_past\_yr21\_other**

The statements below are about your relationships with other members of your unit since you have returned from deployment. Please answer for your current unit.

Please read each statement and describe how much you agree or disagree by checking the box that best fits your answer.

|   | Strongly disagree 0      | Somewhat disagree 1      | Neither agree nor disagree 2 | Somewhat agree 3         | Strongly agree 4         |
|---|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. My unit is like family to me.<br>CurrentUnit1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel a sense of camaraderie between myself and other soldiers in my unit CurrentUnit2                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Most people in my unit are trustworthy. CurrentUnit3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could go to most people in my unit for help when I have a personal problem. CurrentUnit4               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My commanding officer(s) are interested in what I think and how I feel about things. CurrentUnit5        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I am impressed by the quality of leadership in my unit. CurrentUnit6                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My superiors make a real attempt to treat me as a person. CurrentUnit7                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The commanding officer(s) in my unit are supportive of my efforts. CurrentUnit8                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I feel like my efforts really count to the military. CurrentUnit9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The leadership in my unit supports getting help for reintegration difficulties when needed CurrentUnit10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| k. The leadership in my unit supports getting help for emotional symptoms when needed CurrentUnit11         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Members of my unit understood me. CurrentUnit12  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> |

What unit level were you primarily thinking about when you completed the above questions? Unit\_Level

|                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Team                       | Squad                      | Platoon                    | Company                    | Larger Unit                | All Unit Levels            |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

Is your current unit the unit with which you deployed? Current\_Unit 1 ☐ YES 2 ☐ NO

1. Since 2001, how many combat or peacekeeping deployments have you completed that lasted more than 30 days? NumDeploy 2 ☐ 1 3 ☐ 2 4 ☐ 3 5 ☐ 4 or more

2. When did you return home from your most recent deployment? **RTRNHOME** \_\_\_\_\_ Date (Month/Year)
3. How long was your most recent deployment? **LengthDeploy** \_\_\_\_\_ Months/Years
4. During your most recent deployment:
- |   | Never<br><b>1</b>        | Seldom<br><b>2</b>       | Often<br><b>3</b>        | Constantly<br><b>4</b>   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How many times were you in serious danger of being injured or killed? <b>DeployDangerInjKill</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How many times did you engage the enemy in a firefight? <b>DeployEngageEnemy</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Yes <b>1</b>             |                          | No <b>2</b>              |                          |
| c. Did you know someone who was seriously injured or killed? <b>DeployKnowInjKill</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Were you directly responsible for the death of an enemy combatant? <b>DeployResponDeath</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Were you wounded or injured during deployment? <b>DeployWoundInjDeploy</b>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. What is the most distressing deployment-related event you have ever experienced? (Considering all deployments) Briefly describe the event. If no distressing event occurred to you while on deployments, please indicate NONE here. **DistressDeployEvent**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. Approximately what year did it occur? **DistressDeployEventYr** \_\_\_\_\_
7. Was this distressing event during deployment the most distressing event you have ever experienced in your life? (Considering your entire life) **DistressEventEver** **1** ☐ YES **2** ☐ NO
8. If no, OR if never previously deployed, could you briefly describe your most distressing life event? **OtherDistressEvent**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Approximately what year did it occur? **OtherDistressEventYr** \_\_\_\_\_
- \_\_\_\_\_

In the last 30 days, have you experienced any of the following problems in relation to the most distressing event you just described? (Check the box that is most true for you)

|            |              |            |             |              |
|------------|--------------|------------|-------------|--------------|
| Not at all | A little bit | Moderately | Quite a bit | All the time |
| <b>1</b>   | <b>2</b>     | <b>3</b>   | <b>4</b>    | <b>5</b>     |

- |    |   |                          |                          |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | Repeated, disturbing memories, thoughts, or images of the stressful experience. <b>PCLM1</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Repeated, disturbing dreams of the stressful experience <b>PCLM2</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it). <b>PCLM3</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Feeling very upset when something reminded you of the stressful experience. <b>PCLM4</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event. <b>PCLM5</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it. <b>PCLM6</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Avoiding activities or situations because they remind you of the stressful experience. <b>PCLM7</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Trouble remembering important parts of the stressful experience. <b>PCLM8</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Loss of interest in activities that you used to enjoy. <b>PCLM9</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | Feeling distant or cutoff from other people. <b>PCLM10</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | Feeling emotionally numb or being unable to have loving feelings for those close to you. <b>PCLM11</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | Feeling as if your future somehow will be cut short. <b>PCLM12</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | Trouble falling or staying asleep. <b>PCLM13</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. | Feeling irritable or having angry outbursts. <b>PCLM14</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. | Having difficulty concentrating. <b>PCLM15</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. | Being "super alert" or watchful or on guard. <b>PCLM16</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. | Feeling jumpy or easily startled. <b>PCLM17</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered moderately, quite a bit, or all the time to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people? **PCLMFunctioning**

|                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Not difficult<br>at all    | Somewhat<br>difficult      | Very difficult             | Extremely<br>difficult     |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

If you have deployed previously,

Did you have any injury(ies) during your deployment from any of the following?(Check all that apply)

Code each option True/False

☐ No injuries (Skip to "Are you currently experiencing any of the following problems that you think might be related to a of concussion?") **PDIQNoInjuries**

☐ Fragment **PDIQFragment**

- ☐ Bullet **PDIQBullet**
- ☐ Vehicular (any type of vehicle, including airplane) **PDIQVehicular**
- ☐ Fall **PDIQFall**
- ☐ Blast (Improvised Explosive Device, RPG, Land mine, Grenade, etc.) **PDIQBlast**
- ☐ Other specify: \_\_\_\_\_ **PDIQOtherDeployInjury**

Did any injury received while you were deployed result in any of the following? (Check all that apply)

Code each option True/False

- ☐ Being dazed, confused or "seeing stars" **PDIQDazed**
- ☐ Not remembering the injury **PDIQNoMemory**
- ☐ Losing consciousness (knocked out) for less than a minute **PDIQKnockOut**
- ☐ Losing consciousness for 1-20 minutes **PDIQTwentyMin**
- ☐ Losing consciousness for longer than 20 minutes **PDIQMoreThanTwentyMin**
- ☐ Having any symptoms of concussion afterward (such as headache, dizziness, irritability, etc.) **PDIQSympCon**
- ☐ Head Injury **PDIQHeadInjury**
- ☐ None of the above **PDIQNone**

Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? (Check all that apply) Code each option True/False

- |  |   |
|--|---|
| <input type="checkbox"/> Not experiencing any problems related to head injury<br><b>PDIQNoProblems</b> | <input type="checkbox"/> Ringing in the ears <b>PDIQRingingEars</b>         |
| <input type="checkbox"/> Headache <b>PDIQHeadache</b>  | <input type="checkbox"/> Irritability <b>PDIQIrritability</b>               |
| <input type="checkbox"/> Dizziness <b>PDIQDizzy</b>  | <input type="checkbox"/> Sleep Problems <b>PDIQSleepProbs</b>               |
| <input type="checkbox"/> Memory Problems <b>PDIQMemProbs</b>   | <input type="checkbox"/> Other specify: _____<br><b>PDIQOtherHeadInjury</b> |
| <input type="checkbox"/> Balance Problems <b>PDIQBalanceProbs</b>                                      |   |

7. **MOOD.** These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|  | Not at all<br>0          | Several days<br>1        | More than<br>half the days<br>2 | Nearly every<br>day<br>3 |
|--|--------------------------|--------------------------|---------------------------------|--------------------------|
| a. Little interest or pleasure in doing things <b>PHQ1</b>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| b. Feeling down, depressed, or hopeless <b>PHQ2</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| c. Trouble falling or staying asleep, or sleeping too much <b>PHQ3</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |

- |    |  |                          |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| d. | Feeling tired or having little energy <b>PHQ4</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Poor appetite or overeating <b>PHQ5</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Feeling bad about yourself—or that you are a failure or have let yourself or your family down <b>PHQ6</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Trouble concentrating on things, such as reading the newspaper or watching television <b>PHQ7</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual <b>PHQ8</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Thought that you would be better off dead, or of hurting yourself in some way <b>PHQ9</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **PHQFunction**

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

**0** ☐

**1** ☐

**2** ☐

**3** ☐

Yes **1**

No **2**

Have you thought about committing suicide in the last 12 months?

**Suicidaldeation12mth**

☐

☐

Have you ever seriously thought about committing suicide?

**SuicidaldeationEver**

☐

☐

Have you attempted suicide in the last 12 months?

**SuicideAttempt12mth**

☐

☐

Have you ever attempted suicide?

**SuicideAttemptEver**

☐

☐

**Are you a veteran in emotional distress?**

Please call **1-800-273-TALK** and press **1** to be routed to the VA Crisis Hotline.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- |    | Not at all<br><b>0</b>                                     | Several days<br><b>1</b> | More than half the days<br><b>2</b> | Nearly every day<br><b>3</b> |                          |
|----|--|--------------------------|-------------------------------------|------------------------------|--------------------------|
| a. | Feeling nervous, anxious or on edge <b>GAD1</b>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> |
| b. | Not being able to stop or control worrying <b>GAD2</b>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> |
| c. | Worrying too much about different things <b>GAD3</b>       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> |
| d. | Trouble relaxing <b>GAD4</b>                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> |
| e. | Being so restless that it is hard to sit still <b>GAD5</b> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> |

- |    |   |                          |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| f. | Becoming easily annoyed or irritable <b>GAD6</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Feeling afraid as if something awful might happen <b>GAD7</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

- |   | Never<br><b>0</b>        | Almost<br>Never<br><b>1</b> | Sometimes<br><b>2</b>    | Fairly Often<br><b>3</b> | Often<br><b>4</b>        |
|---|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| a. In the last month, how often have you felt that you were unable to control the important things in your life? <b>PSS4Control</b>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In the last month, how often have you felt confident about your ability to handle your personal problems? <b>PSS4PersProbs</b>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In the last month, how often have you felt that things were going your way? <b>PSS4ThingsGood</b>  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? <b>PSS4CantOvercome</b> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**8. ALCOHOL USE**

Please check the response that best reflects your patterns of alcohol consumption.

|  | Never<br>0                                     | Monthly or<br>Less<br>1   | 2-4 times a<br>month<br>2             | 2-3 times a<br>week<br>3          | 4 or more<br>times a week<br>4 |
|--|--|---------------------------|---------------------------------------|-----------------------------------|--------------------------------|
| a. How often do you have a drink containing alcohol? <b>AUDIT1</b>   | <input type="checkbox"/><br>Go to next section | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
|  | 1 or 2<br>0                                    | 3 or 4<br>1               | 5 or 6<br>2                           | 7 to 9<br>3                       | 10 or more<br>4                |
| b. How many standard drinks do you have on a typical day when you are drinking?<br>[a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor]. <b>AUDIT2</b> | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
|  | Never<br>0                                     | Less than<br>monthly<br>1 | Monthly<br>2                          | Weekly<br>3                       | Daily or<br>almost daily<br>4  |
| c. How often do you have six or more standard drinks on one occasion? <b>AUDIT3</b>  | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
| d. How often during the last year have you found that you were not able to stop drinking once you had started? <b>AUDIT4</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
| e. How often during the last year have you failed to do what was normally expected of you because of drinking? <b>AUDIT5</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
| f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? <b>AUDIT6</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
| g. How often during the last year have you had a feeling of guilt or remorse after drinking? <b>AUDIT7</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
| h. How often during the last year have you been unable to remember what happened the night before because you had been drinking? <b>AUDIT8</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>       |
|  |  | No<br>0                   | Yes, but not in the<br>last year<br>2 | Yes, during<br>the last year<br>4 |                                |
| i. Have you or anyone else been injured because of your drinking? <b>AUDIT9</b>  |  | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          |                                |
| j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? <b>AUDIT10</b>  |  | <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>          |                                |

**9. COPING.** These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

|  | Not at<br>all<br>1       | Several<br>days<br>2     | More than<br>half the<br>days<br>3 | Nearly<br>every<br>day<br>4 |
|--|--------------------------|--------------------------|------------------------------------|-----------------------------|
| a. I've been turning to work or other activities to take my mind off things. COPE1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| b. I've been concentrating my efforts on doing something about the situation I'm in. COPE2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| c. I've been saying to myself "this isn't real." COPE3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| d. I've been using alcohol or other drugs to make myself feel better. COPE4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| e. I've been getting emotional support from others. COPE5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| f. I've been giving up trying to deal with it. COPE6   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| g. I've been taking action to try to make the situation better. COPE7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| h. I've been refusing to believe that it is happening. COPE8   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| i. I've been saying things to let my unpleasant feelings escape. COPE9   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| j. I've been getting help and advice from other people. COPE10   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| k. I've been using alcohol or other drugs to help me get through it. COPE11  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| l. I've been trying to see it in a different light, to make it seem more positive. COPE12  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| m. I've been criticizing myself. COPE13  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| n. I've been trying to come up with a strategy about what to do. COPE14  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| o. I've been getting comfort and understanding from someone. COPE15  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| p. I've been giving up the attempt to cope. COPE16   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| q. I've been looking for something good in what is happening. COPE17   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| r. I've been making jokes about it. COPE18   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. COPE19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| t. I've been accepting the reality of the fact that it has happened. COPE20  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| u. I've been expressing my negative feelings. COPE21   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| v. I've been trying to find comfort in my religion or spiritual beliefs. COPE22  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |

|  | Not at<br>all            | Several<br>days          | More than<br>half the<br>days | Nearly<br>every<br>day   |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|
| w. I've been trying to get advice or help from other people about what to do. COPE23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| x. I've been learning to live with it. <b>COPE24</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y. I've been thinking hard about what steps to take. <b>COPE25</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z. I've been blaming myself for things that happened. <b>COPE26</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. I've been praying or meditating. <b>COPE27</b>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. I've been making fun of the situation. <b>COPE28</b>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 10. MENTAL HEALTH SERVICES USE

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:

|  | No<br><b>0</b>           | Yes, in the<br>last year<br><b>2</b> | Yes, but<br>more than a<br>year ago<br><b>4</b> |
|--|--------------------------|--------------------------------------|---|
| Mental health professional at a VA facility? <b>VAMH</b>             | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| General medical doctor at a VA facility? <b>VAPC</b>                 | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Mental health professional at a military facility? <b>MHMilFacil</b> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| General medical doctor at a military facility? <b>PCMilFacil</b>     | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Military chaplain? <b>MilChap</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Mental health professional at a civilian facility? <b>MHCivFacil</b> | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| General medical doctor at a civilian facility? <b>PCCivFacil</b>     | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Civilian clergy? <b>CivClergy</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Military OneSource Referral? <b>MilOneSrce</b>                       | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| VetCenter Readjustment Counseling? <b>VCCounsel</b>                  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| TRICARE Referral? <b>Tricare</b>                                     | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Military Family Life Consultant? <b>MFLC</b>                         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                        |
| Other _____ <b>OtherHlthSrvclUse</b>                                 |                          | <input type="checkbox"/>             | <input type="checkbox"/>                        |

If you used services in the last 12 months, what types of services did you receive? (Check all that apply) **code each option**

True/False

|                           |   |                                    |   |   |   |                                  |
|---------------------------|---|------------------------------------|---|---|---|----------------------------------|
| Medication<br><b>Meds</b> | Individual<br>Therapy<br><b>IndivTher</b> | Group<br>Therapy<br><b>GrpTher</b> | Substance Abuse<br>Treatment<br><b>SubAbuTx</b> | Family/Marital<br>Therapy<br><b>FamTher</b> | Other<br><b>OtherTxPastYear</b>           | Not<br>applicable<br><b>TxNA</b> |
| <input type="checkbox"/>  | <input type="checkbox"/>                  | <input type="checkbox"/>           | <input type="checkbox"/>                        | <input type="checkbox"/>                    | <input type="checkbox"/> Please describe: | <input type="checkbox"/>         |

How satisfied were you with any mental health services you received in the last 12 months?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very unsatisfied         | Somewhat<br>unsatisfied  | Neutral                  | Somewhat<br>satisfied    | Very satisfied           | Not applicable           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 |

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

|   | Strongly<br>Disagree<br><b>1</b> | Disagree<br><b>2</b>     | Neutral<br><b>3</b>      | Agree<br><b>4</b>        | Strongly<br>Agree<br><b>5</b> |
|---|----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| I don't trust mental health professionals. <b>HogeTrust</b>                             | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| I don't know where to get help. <b>HogeWhere</b>  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| I don't have adequate transportation. <b>HogeTransport</b>                              | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| It is difficult to schedule an appointment. <b>HogeAppt</b>                             | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| There would be difficulty getting time off work for treatment. <b>HogeWork</b>          | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Mental health care costs too much money. <b>HogeFinance</b>                             | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| It might harm my career. <b>HogeCareer</b>  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| It would be too embarrassing. <b>HogeEmbarrass</b>                                      | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| I would be seen as weak. <b>HogeWeak</b>  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Mental health care doesn't work. <b>HogeNoWork</b>                                      | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Members of my unit might have less confidence in me. <b>HogeUnitConfid</b>              | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| My unit leadership might treat me differently. <b>HogeLdrTreatDiff</b>                  | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| My leaders would blame me for the problem. <b>HogeLdrBlame</b>                          | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| I don't want it to appear on my military records. <b>HogeMilRec</b>                     | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| There are no providers in my community. <b>HogeNoTxProv</b>                             | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| I would have to drive great distances to receive high quality care. <b>HogeDistance</b> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

# 11. RELATIONSHIPS (These questions ask about your relationship with your spouse, girlfriend, or boyfriend.)

Are you currently in a committed relationship with a spouse/significant other? **CommitRelat**

1 ☐ YES 2 ☐ NO (If no, skip to Section 12. Parenting. If you do not have children, your survey is complete)

Did you have a relationship that ended during your recent deployment? 1 ☐ YES 2 ☐ NO **RelationEnd**

If Yes, why did the relationship end? **RelationEndWhy** \_\_\_\_\_

How long have you been in a committed relationship with your current spouse/significant other? **YrsRel** \_\_\_\_\_ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

|   | Always Agree<br>0        | Almost Always Agree<br>1 | Occasionally Agree<br>2  | Often Disagree<br>3      | Almost Always Disagree<br>4 | Always Disagree<br>5     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| a. Values or beliefs <b>DAS1</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| b. Demonstration of affection <b>DAS2</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| c. Making major decisions (e.g., career, where to live, etc.) <b>DAS3</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| d. Sexual relations <b>DAS4</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| e. Aims, goals, and things believed to be important <b>DAS5</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| f. Financial decisions <b>DAS6</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

|   | All the time<br>0        | Most of the time<br>1    | More often than not<br>2 | Occasionally<br>3        | Rarely<br>4              | Never<br>5               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| g. How often do you discuss or have you considered divorce, separation, or terminating your relationship? <b>DAS7</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do you ever regret that you married or got together? <b>DAS8</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How often do you and your partner quarrel? <b>DAS9</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. How often do you and your partner "get on each other's nerves"? <b>DAS10</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Do you and your partner engage in outside interests together? <b>DAS11</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

|   | Never<br>0               | Less than once a month<br>1 | Once or twice a month<br>2 | Once or twice a week<br>3 | Once a day<br>4          | More Often<br>5          |
|---|--------------------------|-----------------------------|----------------------------|---------------------------|--------------------------|--------------------------|
| l. How often do you and your partner have a stimulating exchange of ideas? <b>DAS12</b> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. How often do you and your partner calmly discuss something? <b>DAS13</b>             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. How often do you and your partner work together on a project? <b>DAS14</b>           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

12. PARENTING. This next section asks about children and parenting. If you do not have children, your survey is complete.

1. Do you have children? **CHILDREN**  
1 ☐ YES 2 ☐ NO (IF NO, your survey is complete.)
2. Are you a stepparent? **STEPPARENT**  
1 ☐ YES 2 ☐ NO
3. How many children under age 18 live in your home?  
**NumbChildMinor** \_\_\_\_\_
4. What are the ages of your children? \_\_\_\_\_  
**ChildAge1; ChildAge2; ChildAge3; ChildAge4;**  
**ChildAge5; ChildAge6; ChildAge7**
5. Are you a single parent? **SINGLEPARENT**  
1 ☐ YES 2 ☐ NO
6. Did you experience the birth of a child during this most recent deployment? **BIRTHDEPLOY**  
1 ☐ YES 2 ☐ NO
7. Do you have a special needs child?  
**SPECIALNEEDSCHILD**  
1 ☐ YES 2 ☐ NO
8. If you have a special needs child, please explain:  
**SPECIALNEEDEXPL** \_\_\_\_\_

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?  
**CUSTODYCHANGE**

1 ☐ YES 2 ☐ NO 3 ☐ Not Applicable

If yes, how much stress has this caused? **CUSTODYCHANGESTRESS**

Not at all stressful      1      2      3      4      5      6      7      8      9      High stress

Is this issue resolved or ongoing? **CUSTODYCHANGERESOLVE**

Ongoing      1      2      3      4      5      6      7      8      9      Completely resolved

Please tell us about your parenting experience by marking each item as it applies to you.

|   | Strongly Disagree<br>1   | Disagree<br>2            | Undecided<br>3           | Agree<br>4               | Strongly Agree<br>5      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I am happy in my role as a parent. <b>ParentalISS1</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. There is little or nothing I wouldn't do for my child(ren) if it was necessary. <b>ParentalISS2</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Caring for my child(ren) sometimes takes more time and energy than I have to give. <b>ParentalISS3</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I sometimes worry whether I am doing enough for my children. <b>ParentalISS4</b>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I feel close to my child(ren). <b>ParentalISS5</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I enjoy spending time with my child(ren). <b>ParentalISS6</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My child(ren) is/are an important source of affection for me. <b>ParentalISS7</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Having a child(ren) gives me a more certain and optimistic view for the future. <b>ParentalISS8</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The major source of stress in my life is my child(ren). <b>ParentalISS9</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Having a child(ren) leaves little time and flexibility in my life. <b>ParentalISS10</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Having a child(ren) has been a financial burden. <b>ParentalISS11</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. It is difficult to balance different responsibilities because of my child(ren). <b>ParentalISS12</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. The behavior of my child(ren) is often embarrassing or stressful to me. <b>ParentalISS13</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Strongly Disagree 1 Disagree 2 Undecided 3 Agree 4 Strongly Agree 5

n. If I had it to do over again, I might decide not to have child(ren). **ParentalSS14**

☐☐☐☐☐

o. I feel overwhelmed by the responsibility of being a parent. **ParentalSS15**

☐☐☐☐☐

p. Having a child has meant having too few choices and too little control over my life. **ParentalSS16**

☐☐☐☐☐

q. I am satisfied as a parent. **ParentalSS17**

☐☐☐☐☐

r. I find my child(ren) enjoyable. **ParentalSS18**

☐☐☐☐☐

13. **CHILDREN.** Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete..

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? \_\_\_\_\_ (No questionnaire for this child) **ITSEACHILDRENLESS12MO**

How many of your children are between 12-35 months old? **ITSEACHILDREN12to35MO** \_\_\_\_\_ (Complete that # of *Young Child Questionnaires*)

How many of your children are between 3 -17 years old? **ITSEACHILDREN3to17** \_\_\_\_\_ (Complete that # of *Older Child Questionnaires*)

## YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months \_\_\_\_\_ **ITSEAAGE1(ITSEAAGE2, ect if more than 1)**

Child's Sex: **1** Male **2** Female **ITSEAGENDER1(ITSEAGENDER2, ect if more than 1)**

Please mark the ONE response that best describes your child's behavior in the LAST month:

|   | Not True<br><b>1</b>     | Somewhat True<br><b>2</b> | Very True<br><b>3</b>    |
|---|--------------------------|---------------------------|--------------------------|
| a. Shows pleasure when he or she succeeds (for example, claps for self) <b>ITSEA1</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. Gets hurt so often that you can't take your eyes off him/her <b>ITSEA2</b>         | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| c. Seems nervous, tense, or fearful <b>ITSEA3</b>                                     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| d. Is restless and can't sit still <b>ITSEA4</b>                                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| e. Follows rules <b>ITSEA5</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| f. Wakes up at night and needs help to fall asleep again <b>ITSEA6</b>                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| g. Cries or has tantrums until he/she is exhausted <b>ITSEA7</b>                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| h. Is afraid of certain places, animals, or things _____ <b>ITSEA8</b>                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| i. Has less fun than other children <b>ITSEA9</b>                                     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| j. Looks for you (or other parent) when upset <b>ITSEA10</b>                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| k. Cries or hangs onto you when you try to leave <b>ITSEA11</b>                       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| l. Worries a lot or is very serious <b>ITSEA12</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| m. Looks right at you when you say his/her name <b>ITSEA13</b>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| n. Does not react when hurt <b>ITSEA14</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| o. Is affectionate with loved ones <b>ITSEA15</b>                                     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| p. Won't touch some objects because of how they feel <b>ITSEA16</b>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| q. Has trouble falling asleep or staying asleep <b>ITSEA17</b>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| r. Runs away in public places <b>ITSEA18</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| s. Plays well with other children (not including brothers/sisters) <b>ITSEA19</b>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| t. Can pay attention for a long time (other than watching TV) <b>ITSEA20</b>          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

Not True  
**1**

Somewhat True  
**2**

Very True  
**3**



|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| u. Has trouble adjusting to changes <b>ITSEA21</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Tries to help when someone is hurt (for example, gives a toy) <b>ITSEA22</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Often gets very upset <b>ITSEA23</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Gags or chokes on food <b>ITSEA24</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Imitates playful sounds when you ask him/her to <b>ITSEA25</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Refuses to eat <b>ITSEA26</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. Hits, shoves, kicks, or bites children (not including brothers/sisters) <b>ITSEA27</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. Is destructive. Breaks or ruins things on purpose <b>ITSEA28</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cc. Points to show you something far away <b>ITSEA29</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dd. Hits, bites, or kicks you (or other parent) <b>ITSEA30</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ee. Hugs or feeds dolls or stuffed animals <b>ITSEA31</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ff. Seems very unhappy, sad, depressed, or withdrawn <b>ITSEA32</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| gg. Purposely tries to hurt you (or other parent) <b>ITSEA33</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hh. When upset, gets very still, freezes, or doesn't move. <b>ITSEA34</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Puts things in a special order over and over, and gets upset if he/she is interrupted <b>ITSEA35</b>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jj. Repeats the same action over and over again. <b>ITSEA36</b><br><i>Please give an example:</i>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| kk. Repeats a particular movement over and over (like rocking, spinning) <b>ITSEA37</b><br><i>Please give an example:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ll. Spaces out. Is totally unaware of what is happening around him/her <b>ITSEA38</b>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mm. Does not make eye contact <b>ITSEA39</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nn. Avoids physical contact <b>ITSEA40</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| oo. Hurts self on purpose (for example, bangs his/her head)<br><i>Please give an example:</i> <b>ITSEA41</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pp. Eats or drinks things that are not edible (like paper or paint) <b>ITSEA42</b><br><i>Please give an example:</i>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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***Do you have another child between the ages of 12-35 months?  
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

# Michigan Army National Guard Pre-Deployment Survey Spouse/Significant Other

In the next pages, we ask a number of questions about your life and your family's experiences. Your answers will be important to helping us understand the issues military service members and their families face prior to a deployment and what areas of pre-deployment programming might be most helpful.

Your answers to this survey are entirely confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters in your answers to a series of questions.

For example:

| <b>Question</b>  | <b>Answer</b>                | <b>1<sup>st</sup> letters/#s of the answer</b> |
|--|------------------------------|--|
| Example: What is your dog's name   | Spot                         | <u>S</u> <u>P</u> <u>O</u>                     |
| Example: What is your favorite color   | Blue                         | <u>B</u> <u>L</u> <u>U</u>                     |
| Example: What is the day of the month of Christmas   | 25 <sup>th</sup> of December | <u>2</u> <u>5</u>                              |
| <b>EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u></b> |                              |  |

## INSTRUCTIONS

4. Please write your answer to each of these 3 questions.
5. Then, write the first 3 letters of each answer in the last column.
6. Rewrite the first 3 letters/#s from your answers. This is your personal code.

| <b>Question</b>  | <b>1. Write your Answer</b> | <b>2. Write the 1<sup>st</sup> 3 letters/#s of your answer</b> |
|--|-----------------------------|--|
| What is your mother's maiden name?   |                             | ____ _   |
| What was the make of your first car?<br>(e.g. Ford, Chevrolet, Honda, etc.)  |                             | ____ _   |
| What is the day of the month you were born? (if you were born on the 4 <sup>th</sup> of May your answer would be 04) |                             | ____ _   |

3. Write the first 3 letters/#s from each of your above answers    \_ \_ \_    \_ \_ \_    \_ \_ \_  
This is your personal code.

**\*\*\*DETACH THIS PAGE FROM THE SURVEY\*\*\***  
Participant to keep this page.

# Michigan Army National Guard Pre-Deployment Survey Spouse/Significant Other

Page 35 of 111

Please write the SERVICE MEMBER'S personal code

Please write your personal code (from previous page)

SP\_SMID

SP\_ID

1. **DEMOGRAPHICS** (Please mark the box that best applies to you at the time of this survey completion.)

SP\_NGSTATUS

- 1 ☐ I am the spouse/significant other of a MI National Guard Member  
2 ☐ My spouse/significant other and I are both MI National Guard Members.

| Age:                               | Gender:                           | Marital Status:   | Ethnicity<br>(check all that apply):        | Highest Level of Education:  | Annual Family Income:                            |
|------------------------------------|-----------------------------------|---|---|--|--|
| SP_AGE                             | SP_GENDER                         | SP_MARITALSTATUS  | SP_ETHNICITY                                | SP_EDUCATION   | SP_INCOME  |
| 1 <input type="checkbox"/> 18-21   | 1 <input type="checkbox"/> Female | 1 <input type="checkbox"/> Married                                  | 1 <input type="checkbox"/> African American | 1 <input type="checkbox"/> Some high school                          | 1 <input type="checkbox"/> Below \$25,000        |
| 2 <input type="checkbox"/> 22-24   | 2 <input type="checkbox"/> Male   | 2 <input type="checkbox"/> Unmarried, Cohabiting                    | 2 <input type="checkbox"/> Asian American   | 2 <input type="checkbox"/> GED                                       | 2 <input type="checkbox"/> \$25,001 to \$50,000  |
| 3 <input type="checkbox"/> 25-30   |                                   | 3 <input type="checkbox"/> Committed relationship, not cohabitating | 3 <input type="checkbox"/> Caucasian        | 3 <input type="checkbox"/> High school diploma                       | 3 <input type="checkbox"/> \$50,001 to \$75,000  |
| 4 <input type="checkbox"/> 31-40   |                                   | 4 <input type="checkbox"/> Divorced                                 | 4 <input type="checkbox"/> Hispanic         | 4 <input type="checkbox"/> Some college                              | 4 <input type="checkbox"/> \$75,001 to \$100,000 |
| 5 <input type="checkbox"/> 41-50   |                                   | 5 <input type="checkbox"/> Separated                                | 5 <input type="checkbox"/> Native American  | 5 <input type="checkbox"/> Technical certificate or Associate degree | 5 <input type="checkbox"/> Over \$100,000        |
| 6 <input type="checkbox"/> Over 50 |                                   | 6 <input type="checkbox"/> Widowed                                  | 6 <input type="checkbox"/> Asian American   | 6 <input type="checkbox"/> Bachelor's degree                         |  |
|                                    |                                   | 7 <input type="checkbox"/> Single                                   | 7 <input type="checkbox"/> Multi-ethnic     | 7 <input type="checkbox"/> Graduate degree                           |  |
|                                    |                                   | 8 <input type="checkbox"/> Other                                    | 8 <input type="checkbox"/> Other            |  |  |

Since 2001, how many combat or peacekeeping deployments has your spouse/significant other completed that lasted more than 30 days? 1 ☐ 0 2 ☐ 1 3 ☐ 2 4 ☐ 3 5 ☐ 4 or more  
SP\_NumDeploy

When did he/she return home from the most recent deployment? \_\_\_\_\_ Date (Month/Year)  
SP\_RTRNHOME

How long was his/her most recent deployment? \_\_\_\_\_ Months/Years SP\_LengthDeploy

## 2. EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply) coded True/False

- |   |  |
|---|--|
| <input type="checkbox"/> Working full-time <b>SP_WorkFullTime</b>                         | <input type="checkbox"/> A student <b>SP_Student</b>                           |
| <input type="checkbox"/> Working part-time <b>SP_WorkPartTime</b>                         | <input type="checkbox"/> On maternity or paternity leave <b>SP_MatPatLeave</b> |
| <input type="checkbox"/> Unemployed, looking for work <b>SP_UnempLookForWrk</b>           | <input type="checkbox"/> On illness or sick leave <b>SP_SickLeave</b>          |
| <input type="checkbox"/> Unemployed, not looking for work<br><b>SP_UnempNotLookForWrk</b> | <input type="checkbox"/> On disability <b>SP_Disability</b>                    |
| <input type="checkbox"/> Retired <b>SP_Retired</b>  | <input type="checkbox"/> Other, please specify: _____ <b>SP_EmpOther</b>       |
| <input type="checkbox"/> A homemaker <b>SP_Homemaker</b>                                  |  |

If you are not working or going to school, check here ☐ and skip to Section 3. Family Relationships. **SP\_NoWorkSchool**

If you are working or going to school, please complete the following questions:

About how many hours did you work for wages in the past 7 days? **SP\_HPQB3WkHrs** \_\_\_\_\_ Hours

In the past 4 weeks (28 days), how many days (0-28) did you. . . **SP\_HPQB5aWorkMissed**

. . . miss an entire work or school day because of problems with your physical or mental health? \_\_\_\_\_ Days  
(Please include only days missed for your own health, not someone else's health.)

On a scale from 0 to 10 where 0 is the worst job/academic performance and 10 is the top job/academic performance, how would you rate your job/school performance in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. **SP\_HPQB11WorkPerfmSW**

(Please circle your response.)

|                      |   |   |   |   |   |   |   |   |   |    |  |                    |
|----------------------|---|---|---|---|---|---|---|---|---|----|--|--------------------|
| Worst<br>Performance |   |   |   |   |   |   |   |   |   |    |  | Top<br>Performance |
| 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |                    |

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. **SP\_WorkSat**

(Please circle your response.)

|                           |   |   |   |   |   |   |   |   |   |    |                         |
|---------------------------|---|---|---|---|---|---|---|---|---|----|-------------------------|
| Completely<br>Unsatisfied |   |   |   |   |   |   |   |   |   |    | Completely<br>Satisfied |
| 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                         |

### 3. RELATIONSHIPS (These questions ask about your relationship with your spouse, girlfriend, or boyfriend.)

How long have you been in a committed relationship with your current spouse/significant other? **SP\_YrsRel** \_\_\_\_ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

|  | Always Agree<br>0        | Almost Always Agree<br>1 | Occasionally Agree<br>2  | Often Disagree<br>3      | Almost Always Disagree<br>4 | Always Disagree<br>5     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| o. Values or beliefs <b>SP_DAS1</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| p. Demonstration of affection<br><b>SP_DAS2</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| q. Making major decisions (e.g.,<br>career, where to live, etc.)<br><b>SP_DAS3</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| r. Sexual relations <b>SP_DAS4</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| s. Aims, goals, and things believed<br>to be important <b>SP_DAS5</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| t. Financial decisions <b>SP_DAS6</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

|  | All the time<br>0        | Most of the time<br>1    | More often than not<br>2 | Occasionally<br>3        | Rarely<br>4              | Never<br>5               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| u. How often do you discuss or have you considered<br>divorce, separation, or terminating your relationship?<br><b>SP_DAS7</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Do you ever regret that you married or got together?<br><b>SP_DAS8</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. How often do you and your partner quarrel?<br><b>SP_DAS9</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. How often do you and your partner "get on each<br>other's nerves"? <b>SP_DAS10</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Do you and your partner engage in outside interests<br>together? <b>SP_DAS11</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

|   | Never<br>0               | Less than once a month<br>1 | Once or twice a month<br>2 | Once or twice a week<br>3 | Once a day<br>4          | More Often<br>5          |
|---|--------------------------|-----------------------------|----------------------------|---------------------------|--------------------------|--------------------------|
| z. How often do you and your partner have a stimulating<br>exchange of ideas? <b>SP_DAS12</b> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. How often do you and your partner calmly discuss something?<br><b>SP_DAS13</b>            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. How often do you and your partner work together on a project?<br><b>SP_DAS14</b>          | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

### 4. SOCIAL SUPPORT (The next section asks questions about people in your life. Please mark the box that best describes your experience.)

|    |  |                          |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| m. | If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me. SP_ISEL1                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. | I feel that there is no one I can share my most private worries and fears with. SP_ISEL2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. | If I were sick, I could easily find someone to help me with my daily chores. SP_ISEL3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. | There is someone I can turn to for advice about handling problems with my family. SP_ISEL4   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. | If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. SP_ISEL5                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. | When I need suggestions on how to deal with a personal problem, I know someone I can turn to. SP_ISEL6   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. | I don't often get invited to do things with others. SP_ISEL7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. | If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden) SP_ISEL8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. | If I wanted to have lunch with someone, I could easily find someone to join me. SP_ISEL9   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. | If I was stranded 10 miles from home, there is someone I could call who could come and get me. SP_ISEL10   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. | If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. SP_ISEL11                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. | If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. SP_ISEL12                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters? SP\_ISELSupport

[illegible]

are excellent. **SP\_SWLS2**

- f. I am satisfied with my life. **SP\_SWLS3**
- f. So far I have gotten the important things I want in life. **SP\_SWLS4**
- g. If I could live my life over, I would change almost nothing. **SP\_SWLS5**

Please tell us your thoughts about your life by marking each item as it applies to you.

|   | Disagree<br>a lot<br>0   | Disagree a<br>little<br>1 | Neither agree<br>or disagree<br>2 | Agree a<br>little<br>3   | Agree<br>a lot<br>4      |
|---|--------------------------|---------------------------|-----------------------------------|--------------------------|--------------------------|
| m. In uncertain times, I usually expect the best. <b>SP_LOTR1</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| n. If something can go wrong for me, it will. <b>SP_LOTR2</b>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| o. I'm always optimistic about my future. <b>SP_LOTR3</b>                       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| p. I hardly ever expect things to go my way. <b>SP_LOTR4</b>                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| q. I rarely count on good things happening to me. <b>SP_LOTR5</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Overall, I expect more good things to happen to me than bad. <b>SP_LOTR6</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| s. There is not enough purpose in my life. <b>SP_LOTR7</b>                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| t. To me, the things I do are all worthwhile. <b>SP_LOTR8</b>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Most of what I do seems trivial and unimportant to me. <b>SP_LOTR9</b>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| v. I value my activities a lot. <b>SP_LOTR10</b>                                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| w. I don't care very much about the things I do. <b>SP_LOTR11</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| a. I have lots of reasons for living. <b>SP_LOTR12</b>                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

These next questions ask for your opinions about what it is usually like living in your home. For each item, please circle what life is like in your home: **Currently coded as SP\_HomeLifeX instead of SP\_CHOASX. This will be updated once all the data is entered**

|  | Not at all true<br>0     | A little bit<br>True<br>1 | Somewhat<br>true<br>2    | Definitely true<br>3     |
|--|--------------------------|---------------------------|--------------------------|--------------------------|
| p. There is very little commotion in my home. <b>SP_CHAOS1</b>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| q. My family can usually find things when we need them. <b>SP_CHAOS2</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

- r. My family almost always seems to be rushed. **SP\_ CHAOS3** ☐ ☐ ☐ ☐
- s. My family is usually able to stay on top of things. **SP\_ CHAOS4** ☐ ☐ ☐ ☐
- t. No matter how hard we try, my family always seems to be running late. **SP\_ CHAOS5** ☐ ☐ ☐ ☐
- u. It's a real zoo in my home. **SP\_ CHAOS6** ☐ ☐ ☐ ☐
- v. At home, we can talk to each other without being interrupted. **SP\_ CHAOS7** ☐ ☐ ☐ ☐
- w. There is often a fuss going on at my home. **SP\_ CHAOS8** ☐ ☐ ☐ ☐
- x. No matter what my family plans, it usually doesn't seem to work out. **SP\_ CHAOS9** ☐ ☐ ☐ ☐
- y. I can't hear myself think in my home. **SP\_ CHAOS10** ☐ ☐ ☐ ☐
- z. I often get drawn into other people's argument at home. **SP\_ CHAOS11** ☐ ☐ ☐ ☐
- aa. My home is a good place to relax. **SP\_ CHAOS12** ☐ ☐ ☐ ☐
- bb. The telephone takes up a lot of my family's time at home. **SP\_ CHAOS13** ☐ ☐ ☐ ☐
- cc. The atmosphere in my home is calm. **SP\_ CHAOS14** ☐ ☐ ☐ ☐
- dd. First thing in the day, my family has a regular routine at home. **SP\_ CHAOS15** ☐ ☐ ☐ ☐

**G. LIFE EXPERIENCES.** This section asks about your previous life experiences.

1. What is the most distressing life event you have ever experienced?

Briefly describe the event: **SP\_DistressEventDescribe** \_\_\_\_\_

When did it occur? **SP\_DistressEventYr** \_\_\_\_\_

2. During the last 30 days, did you experience any of the following problems in relation to the event you described above? (Circle the number that is most true for you)

|  | Not at<br>all <b>1</b> | A little bit<br><b>2</b> | Moderately<br><b>3</b> | Quite a<br>bit <b>4</b> | All the<br>time <b>5</b> |
|--|------------------------|--------------------------|------------------------|-------------------------|--------------------------|
| r. Repeated, disturbing memories, thoughts, or images of the stressful experience. <b>SP_PCLM1</b>                               | 1                      | 2                        | 3                      | 4                       | 5                        |
| s. Repeated, disturbing dreams of the stressful experience <b>SP_PCLM2</b>   | 1                      | 2                        | 3                      | 4                       | 5                        |
| t. Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it). <b>SP_PCLM3</b> | 1                      | 2                        | 3                      | 4                       | 5                        |
| u. Feeling very upset when something reminded you of the stressful experience. <b>SP_PCLM4</b>                                   | 1                      | 2                        | 3                      | 4                       | 5                        |



Not at all 1      A little bit 2      Moderately 3      Quite a bit 4      All the time 5

|     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| v.  | Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event. <b>SP_PCLM5</b> | 1 | 2 | 3 | 4 | 5 |
| w.  | Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it. <b>SP_PCLM6</b>                     | 1 | 2 | 3 | 4 | 5 |
| x.  | Avoiding activities or situations because they remind you of the stressful experience. <b>SP_PCLM7</b>   | 1 | 2 | 3 | 4 | 5 |
| y.  | Trouble remembering important parts of the stressful experience. <b>SP_PCLM8</b>   | 1 | 2 | 3 | 4 | 5 |
| z.  | Loss of interest in activities that you used to enjoy. <b>SP_PCLM9</b>   | 1 | 2 | 3 | 4 | 5 |
| aa. | Feeling distant or cutoff from other people. <b>SP_PCLM10</b>  | 1 | 2 | 3 | 4 | 5 |
| bb. | Feeling emotionally numb or being unable to have loving feelings for those close to you. <b>SP_PCLM11</b>  | 1 | 2 | 3 | 4 | 5 |
| cc. | Feeling as if your future somehow will be cut short. <b>SP_PCLM12</b>  | 1 | 2 | 3 | 4 | 5 |
| dd. | Trouble falling or staying asleep. <b>SP_PCLM13</b>  | 1 | 2 | 3 | 4 | 5 |
| ee. | Feeling irritable or having angry outbursts. <b>SP_PCLM14</b>  | 1 | 2 | 3 | 4 | 5 |
| ff. | Having difficulty concentrating. <b>SP_PCLM15</b>  | 1 | 2 | 3 | 4 | 5 |
| gg. | Being "super alert" or watchful or on guard. <b>SP_PCLM16</b>  | 1 | 2 | 3 | 4 | 5 |
| hh. | Feeling jumpy or easily startled. <b>SP_PCLM17</b>   | 1 | 2 | 3 | 4 | 5 |

3. If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people? **SP\_PCLMFunctioning**

Not difficult at all

1 ☐

Somewhat difficult

2 ☐

Very difficult

3 ☐

Extremely difficult

4 ☐

7. **MOOD.** These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|   | Not at all<br>0          | Several days<br>1        | More than<br>half the days<br>2 | Nearly every<br>day<br>3 |
|---|--------------------------|--------------------------|---------------------------------|--------------------------|
| j. Little interest or pleasure in doing things <b>SP_PHQ1</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| k. Feeling down, depressed, or hopeless <b>SP_PHQ2</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| l. Trouble falling or staying asleep, or sleeping too much<br><b>SP PHQ3</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| m. Feeling tired or having little energy <b>SP_PHQ4</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| n. Poor appetite or overeating <b>SP_PHQ5</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| o. Feeling bad about yourself—or that you are a failure or have<br>let yourself or your family down <b>SP_PHQ6</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| p. Trouble concentrating on things, such as reading the<br>newspaper or watching television <b>SP_PHQ7</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| q. Moving or speaking so slowly that other people could have<br>noticed. Or the opposite—being so fidgety or restless that<br>you have been moving around a lot more than usual<br><b>SP_PHQ8</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| r. Thought that you would be better off dead, or of hurting<br>yourself in some way <b>SP_PHQ9</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **SP\_PHQFunction**

|                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Not difficult at all       | Somewhat<br>difficult      | Very difficult             | Extremely difficult        |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

1Yes      2No

Have you thought about committing suicide in the last 12 months?

**SP\_Suicidaldeation12mth**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Have you ever seriously thought about committing suicide?

**SP\_SuicidaldeationEver**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Have you attempted suicide in the last 12 months?

**SP\_SuicideAttemnt12mth**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Have you ever attempted suicide?

**SP\_SuicideAttemntEver**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Are you in emotional distress?

Please call 1-800-273-TALK to talk with someone at the National Suicide Prevention Hotline

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|   | Not at all<br>0          | Several days<br>1        | More than<br>half the days<br>2 | Nearly every<br>day<br>3 |
|---|--------------------------|--------------------------|---------------------------------|--------------------------|
| h. Feeling nervous, anxious or on edge <b>SP_GAD1</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| i. Not being able to stop or control worrying <b>SP_GAD2</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| j. Worrying too much about different things <b>SP_GAD3</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| k. Trouble relaxing <b>SP_GAD4</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| l. Being so restless that it is hard to sit still <b>SP_GAD5</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| m. Becoming easily annoyed or irritable <b>SP_GAD6</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| n. Feeling afraid as if something awful might happen <b>SP_GAD7</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

|  | Never<br>0               | Almost<br>Never<br>1     | Sometimes<br>2           | Fairly Often<br>3        | Often<br>4               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| e. In the last month, how often have you felt that you were unable to control the important things in your life? <b>SP_PSS4Control</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. In the last month, how often have you felt confident about your ability to handle your personal problems? <b>SP_PSS4PersProbs</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. In the last month, how often have you felt that things were going your way?<br><b>SP_PSS4ThingsGood</b>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? <b>SP_PSS4CantOvercome</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. ALCOHOL USE**

Please check the response that best reflects your patterns of alcohol consumption.

|   | Never<br>0                                     | Monthly or<br>Less<br>1            | 2-4 times a<br>month<br>2      | 2-3 times a<br>week<br>3 | 4 or more<br>times a week<br>4 |
|---|--|------------------------------------|--------------------------------|--------------------------|--------------------------------|
| a. How often do you have a drink containing alcohol?<br><b>SP_AUDIT1</b>  | <input type="checkbox"/><br>Go to next section | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
|   | 1 or 2   | 3 or 4                             | 5 or 6                         | 7 to 9                   | 10 or more                     |
| b. How many standard drinks do you have on a typical day when you are drinking?<br>[a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor]. <b>SP_AUDIT2</b> | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
|   | Never  | Less than monthly                  | Monthly                        | Weekly                   | Daily or almost daily          |
| c. How often do you have six or more standard drinks on one occasion? <b>SP_AUDIT3</b>  | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
| d. How often during the last year have you found that you were not able to stop drinking once you had started? <b>SP_AUDIT4</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
| e. How often during the last year have you failed to do what was normally expected of you because of drinking? <b>SP_AUDIT5</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
| f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? <b>SP_AUDIT6</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
| g. How often during the last year have you had a feeling of guilt or remorse after drinking? <b>SP_AUDIT7</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
| h. How often during the last year have you been unable to remember what happened the night before because you had been drinking? <b>SP_AUDIT8</b>   | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
|   | No<br>0  | Yes, but not in the last year<br>2 | Yes, during the last year<br>4 |                          |                                |
| i. Have you or anyone else been injured because of your drinking? <b>SP_AUDIT9</b>  | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |
| j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? <b>SP_AUDIT10</b>  | <input type="checkbox"/>                       | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>       |

**9. COPING.** These questions ask about different ways of coping you may have used since you found out your spouse/significant other was going to be deployed. Please mark which answer best describes you.

|  | Not at all<br>1          | Several<br>days 2        | More than half<br>the days 3 | Nearly<br>every day 4    |
|--|--------------------------|--------------------------|------------------------------|--------------------------|
| cc. I've been turning to work or other activities to take my mind off things.<br>SP_COPE1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| dd. I've been concentrating my efforts on doing something about the situation I'm in. SP_COPE2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| ee. I've been saying to myself "this isn't real." SP_COPE3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| ff. I've been using alcohol or other drugs to make myself feel better.<br>SP_COPE4   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| gg. I've been getting emotional support from others. SP_COPE5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| hh. I've been giving up trying to deal with it. SP_COPE6   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| ii. I've been taking action to try to make the situation better. SP_COPE7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| jj. I've been refusing to believe that it is happening. SP_COPE8   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| kk. I've been saying things to let my unpleasant feelings escape. SP_COPE9   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| ll. I've been getting help and advice from other people. SP_COPE10   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| mm. I've been using alcohol or other drugs to help me get through it.<br>SP_COPE11   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| nn. I've been trying to see it in a different light, to make it seem more positive.<br>SP_COPE12   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| oo. I've been criticizing myself. SP_COPE13  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| pp. I've been trying to come up with a strategy about what to do. SP_COPE14  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| qq. I've been getting comfort and understanding from someone. SP_COPE15  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| rr. I've been giving up the attempt to cope. SP_COPE16   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| ss. I've been looking for something good in what is happening. SP_COPE17   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| tt. I've been making jokes about it. SP_COPE18   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| uu. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. SP_COPE19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| vv. I've been accepting the reality of the fact that it has happened. SP_COPE20  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| ww. I've been expressing my negative feelings. SP_COPE21   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| xx. I've been trying to find comfort in my religion or spiritual beliefs.<br>SP_COPE22   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |

|   | Not at<br>all<br>1       | Several<br>days<br>2     | More than<br>half the<br>days<br>3 | Nearly<br>every<br>day<br>4 |
|---|--------------------------|--------------------------|------------------------------------|-----------------------------|
| yy. I've been trying to get advice or help from other people about what to do.<br>SP_COPE23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| zz. I've been learning to live with it. SP_COPE24   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| aaa. I've been thinking hard about what steps to take. SP_COPE25                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| bbb. I've been blaming myself for things that happened. SP_COPE26                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| ccc. I've been praying or meditating. SP_COPE27   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| ddd. I've been making fun of the situation. SP_COPE28                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |

The next questions ask about your thoughts and opinions related to the military. Please mark the box that best fits your views.

|  | Strongly<br>Agree<br>0   | Agree<br>1               | Neutral<br>2             | Disagree<br>3            | Strongly<br>Disagree<br>4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| a. I believe in the mission of the military.<br>SP_MilitaryPercep1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| b. Behind every strong soldier is a strong family.<br>SP_MilitaryPercep2                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| c. I do not agree with my spouse/significant other being in the military. SP_MilitaryPercep3                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| d. My spouse/significant other has a critical role in the military. SP_MilitaryPercep4                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| e. As a family member, I am important to the military. SP_MilitaryPercep5                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| f. What I do at home does not make a difference to my partner's success in the military.<br>SP_MilitaryPercep6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| g. The military is doing an important job.<br>SP_MilitaryPercep7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| h. Families are not important to military readiness. SP_MilitaryPercep8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| i. I support my spouse/significant other's choice to be in the military. SP_MilitaryPercep9                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| j. I am proud to be a military spouse.<br>SP_MilitaryPercep10  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

**10. MENTAL HEALTH SERVICES USE**

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:

|   | No<br>0                  | Yes, in the<br>last year<br>2 | Yes, but<br>more than a<br>year ago<br>4 |
|---|--------------------------|-------------------------------|--|
| Mental health professional at a VA facility? <b>SP_VAMH</b>             | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| General medical doctor at a VA facility? <b>SP_VAPC</b>                 | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Mental health professional at a military facility? <b>SP_MHMiFacil</b>  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| General medical doctor at a military facility? <b>SP_PCMiFacil</b>      | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Military chaplain? <b>SP_MilChap</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Mental health professional at a civilian facility? <b>SP_MHCivFacil</b> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| General medical doctor at a civilian facility? <b>SP_PCCivFacil</b>     | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Civilian clergy? <b>SP_CivClergy</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Military OneSource Referral? <b>SP_MilOneSrce</b>                       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| VetCenter Readjustment Counseling? <b>SP_VCCounsel</b>                  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| TRICARE Referral? <b>SP_Tricare</b>                                     | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Military Family Life Consultant? <b>SP_MFLC</b>                         | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>                 |
| Other _____ <b>SP_OtherHlthSrvcUse</b>                                  |                          | <input type="checkbox"/>      | <input type="checkbox"/>                 |

If you used services in the last 12 months, what types of services did you receive? (Check all that apply) **code each option yes/no**

|                              |  |                                     |  |  |   |                                     |
|------------------------------|--|-------------------------------------|--|--|---|-------------------------------------|
| Medication<br><b>SP_Meds</b> | Individual<br>Therapy<br><b>SP_IndivTh</b> | Group<br>Therapy<br><b>SP_GrpTh</b> | Substance Abuse<br>Treatment<br><b>SP_SubAbuTx</b> | Family/Marital<br>Therapy<br><b>SP_FamTher</b> | Other<br><b>SP_OtherTxPastYear</b>        | Not<br>applicable<br><b>SP_TxNA</b> |
| <input type="checkbox"/>     | <input type="checkbox"/><br>er             | <input type="checkbox"/><br>er      | <input type="checkbox"/>                           | <input type="checkbox"/>                       | <input type="checkbox"/> Please describe: | <input type="checkbox"/>            |

How satisfied were you with any mental health services you received in the last 12 months?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very unsatisfied         | Somewhat<br>unsatisfied  | Neutral                  | Somewhat<br>satisfied    | Very satisfied           | Not applicable           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

|  | Strongly<br>Disagree<br>1 | Disagree<br>2            | Neutral<br>3             | Agree<br>4               | Strongly<br>Agree<br>5   |
|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I don't trust mental health professionals.<br><b>SP_HogeTrust</b>                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know where to get help. <b>SP_HogeWhere</b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't have adequate transportation.<br><b>SP_HogeTransport</b>                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It is difficult to schedule an appointment.<br><b>SP_HogeAppt</b>                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There would be difficulty getting time off work for treatment. <b>SP_HogeWork</b>          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health care costs too much money.<br><b>SP_HogeFinance</b>                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It might harm my career. <b>SP_HogeCareer</b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It would be too embarrassing. <b>SP_HogeEmbarrass</b>                                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would be seen as weak. <b>SP_HogeWeak</b>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health care doesn't work. <b>SP_HogeNoWork</b>                                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Members of my unit might have less confidence in me.<br><b>SP_HogeUnitConfid</b>           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My unit leadership might treat me differently.<br><b>SP_HogeLdrTreatDiff</b>               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My leaders would blame me for the problem.<br><b>SP_HogeLdrBlame</b>                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't want it to appear on my military records.<br><b>SP_HogeMilRec</b>                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There are no providers in my community.<br><b>SP_HogeNoTxProv</b>                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would have to drive great distances to receive high quality care. <b>SP_HogeDistance</b> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. **PARENTING.** This next section asks about children and parenting. If you do not have children, your survey is complete.

- |  |   |
|--|---|
| <p>1. Do you have children? <b>SP_CHILDREN</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO (IF NO, your survey is complete.)</p>                   | <p>5. Are you a single parent? <b>SP_SINGLEPARENT</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO</p>   |
| <p>2. Are you a stepparent? <b>SP_STEPPARENT</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO</p>   | <p>6. If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months? <b>Missing from online date set</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO</p> |
| <p>3. How many children under age 18 live in your home?<br/><b>SP_NumbChildMinor</b> _____</p>   | <p>7. Do you have a special needs child?<br/><b>SP_SPECIALNEEDSCHILD</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO</p>  |
| <p>4. What are the ages of your children? <b>_SP_ChildAge1;</b><br/><b>SP_ChildAge2; SP_ChildAge3; SP_ChildAge4;</b><br/><b>SP_ChildAge5; SP_ChildAge6; SP_ChildAge7</b></p> | <p>8. If you have a special needs child, please explain:<br/><b>SP_SPECIALNEEDEXPL</b> _____</p>  |

Please tell us about your parenting experience by marking each item as it applies to you.



Strongly  
Disagree  
1Disagree  
2Undecided  
3Agree  
4Strongly  
Agree  
5

|     |   |                          |                          |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| s.  | I am happy in my role as a parent. <b>SP_ParentalSS1</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t.  | There is little or nothing I wouldn't do for my child(ren) if it was necessary. <b>SP_ParentalSS2</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u.  | Caring for my child(ren) sometimes takes more time and energy than I have to give. <b>SP_ParentalSS3</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v.  | I sometimes worry whether I am doing enough for my children. <b>SP_ParentalSS4</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w.  | I feel close to my child(ren). <b>SP_ParentalSS5</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x.  | I enjoy spending time with my child(ren). <b>SP_ParentalSS6</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y.  | My child(ren) is/are an important source of affection for me. <b>SP_ParentalSS7</b>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z.  | Having a child(ren) gives me a more certain and optimistic view for the future. <b>SP_ParentalSS8</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. | The major source of stress in my life is my child(ren). <b>SP_ParentalSS9</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. | Having a child(ren) leaves little time and flexibility in my life. <b>SP_ParentalSS10</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cc. | Having a child(ren) has been a financial burden. <b>SP_ParentalSS11</b>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dd. | It is difficult to balance different responsibilities because of my child(ren). <b>SP_ParentalSS12</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ee. | The behavior of my child(ren) is often embarrassing or stressful to me. <b>SP_ParentalSS13</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ff. | If I had it to do over again, I might decide not to have child(ren). <b>SP_ParentalSS14</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| gg. | I feel overwhelmed by the responsibility of being a parent. <b>SP_ParentalSS15</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hh. | Having a child has meant having too few choices and too little control over my life. <b>SP_ParentalSS16</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. | I am satisfied as a parent. <b>SP_ParentalSS17</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jj. | I find my child(ren) enjoyable. <b>SP_ParentalSS18</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. **CHILDREN.** Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete..

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? \_\_\_\_\_ (No questionnaire for this child)

SP\_ITSEACHILDRENLESS12MO

How many of your children are between 12-35 months old? SP\_ITSEACHILDREN12to35MO \_\_\_\_\_ (Complete that # of Young Child Questionnaires)

How many of your children are between 3 -17 years old? SP\_ITSEACHILDREN3to17 \_\_\_\_\_ (Complete that # of Older Child Questionnaires)

## **YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS**

Child's Age in # of months \_\_\_\_\_ SP\_ITSEAAAGE1(SP\_ITSEAAAGE2, ect if more than 1)

Child's Sex: 1 Male 2 Female SP\_ITSEAGENDER1(SP\_ITSEAGENDER2, ect if more than 1)

Please mark the ONE response that best describes your child's behavior in the LAST month:

|   | Not True<br>1            | Somewhat True<br>2       | Very True<br>3           |
|---|--------------------------|--------------------------|--------------------------|
| qq. Shows pleasure when he or she succeeds (for example, claps for self)<br>SP_ITSEA1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rr. Gets hurt so often that you can't take your eyes off him/her SP_ITSEA2            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ss. Seems nervous, tense, or fearful SP_ITSEA3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| tt. Is restless and can't sit still SP_ITSEA4   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| uu. Follows rules SP_ITSEA5   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vv. Wakes up at night and needs help to fall asleep again SP_ITSEA6                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ww. Cries or has tantrums until he/she is exhausted SP_ITSEA7                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xx. Is afraid of certain places, animals, or things _____<br>SP_ITSEA8                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yy. Has less fun than other children SP_ITSEA9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zz. Looks for you (or other parent) when upset SP_ITSEA10                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aaa. Cries or hangs onto you when you try to leave SP_ITSEA11                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bbb. Worries a lot or is very serious SP_ITSEA12                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ccc. Looks right at you when you say his/her name SP_ITSEA13                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ddd. Does not react when hurt SP_ITSEA14  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eee. Is affectionate with loved ones SP_ITSEA15                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fff. Won't touch some objects because of how they feel SP_ITSEA16                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ggg. Has trouble falling asleep or staying asleep SP_ITSEA17                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hhh. Runs away in public places SP_ITSEA18  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Plays well with other children (not including brothers/sisters) SP_ITSEA19       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jjj. Can pay attention for a long time (other than watching TV) SP_ITSEA20            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Not True<br>1            | Somewhat True<br>2       | Very True<br>3           |
| kkk. Has trouble adjusting to changes SP_ITSEA21                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |            |                          |                          |                          |
|--|------------|--------------------------|--------------------------|--------------------------|
| lll. Tries to help when someone is hurt (for example, gives a toy)   | SP_ITSEA22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mmm. Often gets very upset   | SP_ITSEA23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nnn. Gags or chokes on food  | SP_ITSEA24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ooo. Imitates playful sounds when you ask him/her to   | SP_ITSEA25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ppp. Refuses to eat  | SP_ITSEA26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| qqq. Hits, shoves, kicks, or bites children (not including brothers/sisters)                                 | SP_ITSEA27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rrr. Is destructive. Breaks or ruins things on purpose   | SP_ITSEA28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sss. Points to show you something far away   | SP_ITSEA29 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ttt. Hits, bites, or kicks you (or other parent)   | SP_ITSEA30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| uuu. Hugs or feeds dolls or stuffed animals  | SP_ITSEA31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vvv. Seems very unhappy, sad, depressed, or withdrawn  | SP_ITSEA32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| www. Purposely tries to hurt you (or other parent)   | SP_ITSEA33 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xxx. When upset, gets very still, freezes, or doesn't move.  | SP_ITSEA34 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yyy. Puts things in a special order over and over, and gets upset if he/she is interrupted                   | SP_ITSEA35 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zzz. Repeats the same action over and over again.<br><i>Please give an example:</i>                          | SP_ITSEA36 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aaaa. Repeats a particular movement over and over (like rocking, spinning)<br><i>Please give an example:</i> | SP_ITSEA37 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bbbb. Spaces out. Is totally unaware of what is happening around him/her                                     | SP_ITSEA38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cccc. Does not make eye contact  | SP_ITSEA39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dddd. Avoids physical contact  | SP_ITSEA40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eeee. Hurts self on purpose (for example, bangs his/her head)<br><i>Please give an example:</i>              | SP_ITSEA41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ffff. Eats or drinks things that are not edible (like paper or paint)<br><i>Please give an example:</i>      | SP_ITSEA42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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***Do you have another child between the ages of 12-35 months?  
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

# OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years \_\_\_\_\_ **SP\_SDQAGE1 (SP\_SDQAGE2, ect if more than 1)**

Child's Sex: **1** Male **2** Female **SP\_SDQGENDER1 (SP\_SDQGENDER2, ect if more than 1)**

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

|  | Not True<br>1            | Somewhat True<br>2       | Very True<br>3           |
|--|--------------------------|--------------------------|--------------------------|
| a. Considerate of other people's feelings <b>SP_SDQ1</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Restless, overactive, cannot stay still for long <b>SP_SDQ2</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Often complains of headaches, stomach-aches or sickness <b>SP_SDQ3</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Shares readily with other children (toys, food, games) <b>SP_SDQ4</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Often loses temper <b>SP_SDQ5</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Rather solitary, prefers to play alone <b>SP_SDQ6</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Generally well behaved, usually does what adults request <b>SP_SDQ7</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Many worries or often seems worried <b>SP_SDQ8</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Helpful if someone is hurt, upset or feeling ill <b>SP_SDQ9</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Constantly fidgeting or squirming <b>SP_SDQ10</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Has at least one good friend <b>SP_SDQ11</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Often fights with children or bullies them <b>SP_SDQ12</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Often unhappy, depressed or tearful <b>SP_SDQ13</b>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Generally liked by other children <b>SP_SDQ14</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Easily distracted, concentration wanders <b>SP_SDQ15</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Nervous or clingy in new situations, easily loses confidence <b>SP_SDQ16</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Kind to younger children <b>SP_SDQ17</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Often argumentative with adults <b>SP_SDQ18</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Picked on or bullied by other children <b>SP_SDQ19</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Often offers to help others (parents, teachers, other children) <b>SP_SDQ20</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Thinks things out before acting <b>SP_SDQ21</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Can be spiteful to others <b>SP_SDQ22</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Gets along better with adults than with other children <b>SP_SDQ23</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Many fears, easily scared <b>SP_SDQ24</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Good attention span, sees work through to the end <b>SP_SDQ25</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Often lies or cheats <b>SP_SDQ26</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. Steals from home, school or elsewhere <b>SP_SDQ27</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***Do you have another child between the ages of 3 years -17 years old?  
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR FAMILY'S SERVICE

# OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years \_\_\_\_\_ **SDQAGE1 (SDQAGE2, ect if more than 1)**

Child's Sex: **1** Male **2** Female **SDQGENDER1 (SDQGENDER2, ect if more than 1)**

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

|  | Not True<br><b>1</b>     | Somewhat True<br><b>2</b> | Very True<br><b>3</b>    |
|--|--------------------------|---------------------------|--------------------------|
| bb. Considerate of other people's feelings <b>SDQ1</b>                           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| cc. Restless, overactive, cannot stay still for long <b>SDQ2</b>                 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| dd. Often complains of headaches, stomach-aches or sickness <b>SDQ3</b>          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ee. Shares readily with other children (toys, food, games) <b>SDQ4</b>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ff. Often loses temper <b>SDQ5</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| gg. Rather solitary, prefers to play alone <b>SDQ6</b>                           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| hh. Generally well behaved, usually does what adults request <b>SDQ7</b>         | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ii. Many worries or often seems worried <b>SDQ8</b>                              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| jj. Helpful if someone is hurt, upset or feeling ill <b>SDQ9</b>                 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| kk. Constantly fidgeting or squirming <b>SDQ10</b>                               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ll. Has at least one good friend <b>SDQ11</b>                                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| mm. Often fights with children or bullies them <b>SDQ12</b>                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| nn. Often unhappy, depressed or tearful <b>SDQ13</b>                             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| oo. Generally liked by other children <b>SDQ14</b>                               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| pp. Easily distracted, concentration wanders <b>SDQ15</b>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| qq. Nervous or clingy in new situations, easily loses confidence <b>SDQ16</b>    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| rr. Kind to younger children <b>SDQ17</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ss. Often argumentative with adults <b>SDQ18</b>                                 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| tt. Picked on or bullied by other children <b>SDQ19</b>                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| uu. Often offers to help others (parents, teachers, other children) <b>SDQ20</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| vv. Thinks things out before acting <b>SDQ21</b>                                 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ww. Can be spiteful to others <b>SDQ22</b>                                       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| xx. Gets along better with adults than with other children <b>SDQ23</b>          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| yy. Many fears, easily scared <b>SDQ24</b>                                       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| zz. Good attention span, sees work through to the end <b>SDQ25</b>               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| aaa. Often lies or cheats <b>SDQ26</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| bbb. Steals from home, school or elsewhere <b>SDQ27</b>                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

***Do you have another child between the ages of 3 years -17 years old?  
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR SERVICE.

## Michigan Army National Guard Pre-Deployment Survey Parents of Service Members

In the following pages, we ask a number of questions about your life and experiences with having a child deploy as a member of the United States Armed Forces. We will ask you about yourself personally, your role in the deployment of your service member, and your views on how parents can best support their children who deploy. Your answers will be important to helping us understand what issues families of military service members face prior to and during a deployment and the areas of programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

*For example:*

| <b>Question</b>  | <b>Answer</b>                | <b>1<sup>st</sup> letters/#s of the answer</b> |
|--|------------------------------|--|
| Example: What is your dog's name   | Spot                         | <u>S</u> <u>P</u> <u>O</u>                     |
| Example: What is your favorite color   | Blue                         | <u>B</u> <u>L</u> <u>U</u>                     |
| Example: What is the day of the month of Christmas   | 25 <sup>th</sup> of December | <u>2</u> <u>5</u>                              |
| <b>EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u></b> |                              |  |

### INSTRUCTIONS

7. Please write your answer to each of these 3 questions.
8. Then, write the first 3 letters of each answer in the last column.
9. Rewrite the first 3 letters/#s from your answers. This is your personal code.

| <b>Question</b>  | <b>1. Write your Answer</b> | <b>2. Write the 1<sup>st</sup> 3 letters/#s of your answer</b> |
|--|-----------------------------|--|
| What is your mother's maiden name?   |                             | ____   |
| What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)   |                             | ____   |
| What is the day of the month you were born? (if you were born on the 4 <sup>th</sup> of May your answer would be 04) |                             | ____   |

4. Write the first 3 letters/#s from each of your above answers    \_ \_ \_    \_ \_ \_    \_ \_ \_  
This is your personal code.

**\*\*\*DETACH THIS PAGE FROM THE SURVEY\*\*\***  
Participant to keep this page.



Please write the SERVICE MEMBER'S personal code

Please write your personal code (from previous page)

P\_SMID

P\_ID

**1. PERSONAL INFORMATION**

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>Age:</b><br><b>P_AGE</b><br>1 <input type="checkbox"/> 18-21<br><br>2 <input type="checkbox"/> 22-30<br><br>3 <input type="checkbox"/> 31-40<br><br>4 <input type="checkbox"/> 41-50<br><br>5 <input type="checkbox"/> 51-60<br><br>6 <input type="checkbox"/> 61-70<br><br>7 <input type="checkbox"/> over 70 | <b>Gender:</b><br><b>P_GENDER</b><br>1 <input type="checkbox"/> Female<br><br>2 <input type="checkbox"/> Male | <b>Marital Status:</b><br><b>P_MARITALSTATUS</b><br>1 <input type="checkbox"/> Married<br><br>2 <input type="checkbox"/> Unmarried, Cohabiting<br><br>3 <input type="checkbox"/> Committed relationship, not cohabitating<br><br>4 <input type="checkbox"/> Divorced<br><br>5 <input type="checkbox"/> Separated<br><br>6 <input type="checkbox"/> Widowed<br><br>7 <input type="checkbox"/> Single<br><br>8 <input type="checkbox"/> Other | <b>Ethnicity (check all):</b><br><b>P_ETHNICITY</b><br>1 <input type="checkbox"/> African American<br><br>2 <input type="checkbox"/> Asian American<br><br>3 <input type="checkbox"/> Caucasian<br><br>4 <input type="checkbox"/> Hispanic<br><br>5 <input type="checkbox"/> Native American<br><br>6 <input type="checkbox"/> Asian American<br><br>7 <input type="checkbox"/> Multi-ethnic<br><br>8 <input type="checkbox"/> Other | <b>Highest Level of Education:</b><br><b>P_EDUCATION</b><br>1 <input type="checkbox"/> Some high school<br><br>2 <input type="checkbox"/> GED<br><br>3 <input type="checkbox"/> High school diploma<br><br>4 <input type="checkbox"/> Some college<br><br>5 <input type="checkbox"/> Technical certificate or Associate degree<br><br>6 <input type="checkbox"/> Bachelor's degree<br><br>7 <input type="checkbox"/> Graduate degree | <b>Annual Family Income:</b><br><b>P_INCOME</b><br>1 <input type="checkbox"/> Below \$25,000<br><br>2 <input type="checkbox"/> \$25,001 to \$50,000<br><br>3 <input type="checkbox"/> \$50,001 to \$75,000<br><br>4 <input type="checkbox"/> \$75,001 to \$100,000<br><br>5 <input type="checkbox"/> Over \$100,000 |
|---|---|---|--|--|---|

Are you still married to/together with the other parent of your service member?**P\_STILLMARRIEDPARENT**1 ☐ Yes 2 ☐ NoIf no, is he/she deceased? **P\_PARENTSVRMRBDEC**1 ☐ Yes 2 ☐ NoIf no, are you divorced/separated from the other parent? **P\_PARENTSVRMRBDIV**1 ☐ Yes 2 ☐ No

What is your employment status? Are you? (check all that apply)

☐ Working full-time **P\_WorkFullTime**
☐ Unemployed, not looking for work **P\_UnemplNotLookForWrk**
☐ On illness or sick leave **P\_SickLeave**
☐ Working part-time **P\_WorkPartTime**
☐ Retired **P\_Retired**
☐ On disability **P\_Disability**
☐ Unemployed, looking for work **P\_UnemplLookForWrk**
☐ A homemaker **P\_Homemaker**
☐ Other, please specify: **P\_EmpOther**Are you personally a member of the military or have you been a member of the military?**P\_PARENTMILITARY**1 ☐ Yes 2 ☐ No

If yes, have you previously deployed to a combat zone?

**P\_ParentMilitaryPrevDepoly**1 ☐ Yes 2 ☐ No

If yes, what were the approximate dates of your deployment:

**P\_ParentMilitaryPrevDepolyDate** \_\_\_\_\_What was the length of your deployment/s: **P\_ParentMilitaryPrevDepolyLength**For which conflict were you deployed? **P\_ParentMilitaryPrevDepolyConflict****2. RELATIONSHIP WITH YOUR SERVICE MEMBER CHILD**Approximately how close do you live to your service member child? **P\_ParentProximity**



- 1 ☐ We share a residence
- 2 ☐ We live in the same community close to each other
- 3 ☐ We live about a one-two hour drive apart
- 4 ☐ We live a far distance from each other.

How often do you talk to your service member child? Circle your answer.

By voice communication (eg. Telephone, Skype-voice only)? **P\_ComChildVoice**

| Daily | 2-3 times a week | Weekly | 2-3 times a month | Monthly | 2-3 times a year | Yearly | Never |
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|

0 1 2 3 4 5 6 7

Through Video Communication (e.g., Skype with video, video conferencing)? **P\_ComChildVideo**

| Daily | 2-3 times a week | Weekly | 2-3 times a month | Monthly | 2-3 times a year | Yearly | Never |
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|

0 1 2 3 4 5 6 7

By email/text message/instant messaging? **P\_ComChildEmail**

| Daily | 2-3 times a week | Weekly | 2-3 times a month | Monthly | 2-3 times a year | Yearly | Never |
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|

0 1 2 3 4 5 6 7

In person **P\_ComChildPer**

| Daily | 2-3 times a week | Weekly | 2-3 times a month | Monthly | 2-3 times a year | Yearly | Never |
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|
|-------|------------------|--------|-------------------|---------|------------------|--------|-------|

0 1 2 3 4 5 6 7

How would you describe your current relationship with your service member child? (circle one number) **P\_ChildRelat**

| Worst Relationship | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Best Relationship |
|--------------------|---|---|---|---|---|---|---|---|---|-------------------|
|--------------------|---|---|---|---|---|---|---|---|---|-------------------|

Are you concerned about the mental health of your service member child? **P\_MHConcern**

Not at all concerned 1 2 3 4 5 6 7 8 9 Extremely concerned

If you indicated concern, briefly describe the mental health symptoms that worry you the most: **P\_MHSXConcern**

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Are you concerned about the physical health of your service member child? **P\_PHConcern**

Not at all concerned      1      2      3      4      5      6      7      8      9      Extremely concerned

If you indicated concern, briefly describe the physical health symptoms that worry you the most: **P\_PHSXConcern**

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If you are concerned about the wellbeing of your service member, how involved are you in helping him/her?

**P\_CONCERNWELLHELP**

Not at all involved      1      2      3      4      5      6      7      8      9      Extremely involved

Would you like to be more involved in helping him/her? **P\_MOREINVOLVED**

Not at all interested      1      2      3      4      5      6      7      8      9      Extremely interested

If it was available to parents, would you be interested in talking to someone about how you can be more involved in supporting your service member child? **P\_PARENTEDUCATION**

Not at all interested      1      2      3      4      5      6      7      8      9      Extremely interested

If you are not involved in helping your service member child, check all the barriers to your involvement below: **Code each yes/no**

☐ He/she does not want my help **P\_BARRIERNOHELP**

☐ I am not sure how I can help **P\_BARRIERUNSURE**

☐ I would like to help but I am too overwhelmed with other stress in my life **P\_BARRIEROVERWHELM**

☐ It is not my role to help, the military needs to take care of their service members **P\_BARRIERNOTROLE**

☐ I worry that I will make things worse than they already are **P\_BARRIERWORSE**

☐ Other barriers (please briefly list below) **P\_BARRIEROTHER**

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### 3. RELATIONSHIPS (These questions ask about your relationship with your spouse, girlfriend, or boyfriend.)

Are you currently in a committed relationship with a spouse/significant other? **P\_CommitRelat**

1 ☐ YES    2 ☐ NO (If no, skip to 4. Coping)

How long have you been in a committed relationship with your current spouse/significant other? **P\_YrsRel**

\_\_\_\_\_ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

|  | Always Agree<br>0        | Almost Always Agree<br>1 | Occasionally Agree<br>2  | Often Disagree<br>3      | Almost Always Disagree<br>4 | Always Disagree<br>5     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| cc. Values or beliefs <b>P_DAS1</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| dd. Demonstration of affection<br><b>P_DAS2</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| ee. Making major decisions (e.g.,<br>career, where to live, etc.)<br><b>P_DAS3</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| ff. Sexual relations <b>P_DAS4</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| gg. Aims, goals, and things<br>believed to be important<br><b>P_DAS5</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| hh. Financial decisions <b>P_DAS6</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

|   | All the time<br>0        | Most of the time<br>1    | More often than not<br>2 | Occasionally<br>3        | Rarely<br>4              | Never<br>5               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ii. How often do you discuss or have you considered divorce, separation, or terminating your relationship?<br><b>P_DAS7</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jj. Do you ever regret that you married or got together?<br><b>P_DAS8</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| kk. How often do you and your partner quarrel? <b>P_DAS9</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ll. How often do you and your partner "get on each other's nerves"? <b>P_DAS10</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

|  | Never<br>0               | Less than once a month<br>1 | Once or twice a month<br>2 | Once or twice a week<br>3 | Once a day<br>4          | More Often<br>5          |
|--|--------------------------|-----------------------------|----------------------------|---------------------------|--------------------------|--------------------------|
| mm. How often do you and your partner have a stimulating exchange of ideas? <b>P_DAS12</b> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| nn. How often do you and your partner calmly discuss something?<br><b>P_DAS13</b>          | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| oo. How often do you and your partner work together on a project?<br><b>P_DAS14</b>        | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

### 4. COPING

These questions ask about different ways of coping you may be using related to your child's deployment. Please mark which answer best describes you.

|   | Not at<br>all<br>1       | Several<br>days<br>2     | More than<br>half the<br>days<br>3 | Nearly<br>every<br>day<br>4 |
|---|--------------------------|--------------------------|------------------------------------|-----------------------------|
| eee. I've been turning to work or other activities to take my mind off things.<br>P_COPE1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| fff. I've been concentrating my efforts on doing something about the situation I'm in.<br>P_COPE2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| ggg. I've been saying to myself "this isn't real." P_COPE3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| hhh. I've been using alcohol or other drugs to make myself feel better. P_COPE4   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| iii. I've been getting emotional support from others. P_COPE5   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| jjj. I've been giving up trying to deal with it. P_COPE6  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| kkk. I've been taking action to try to make the situation better. P_COPE7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| lll. I've been refusing to believe that it is happening. P_COPE8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| mmm. I've been saying things to let my unpleasant feelings escape. P_COPE9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| nnn. I've been getting help and advice from other people. P_COPE10  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| ooo. I've been using alcohol or other drugs to help me get through it. P_COPE11   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| ppp. I've been trying to see it in a different light, to make it seem more positive.<br>P_COPE12  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| qqq. I've been criticizing myself. P_COPE13   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| rrr. I've been trying to come up with a strategy about what to do. P_COPE14   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| sss. I've been getting comfort and understanding from someone. P_COPE15   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| ttt. I've been giving up the attempt to cope. P_COPE16  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| uuu. I've been looking for something good in what is happening. P_COPE17  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| vvv. I've been making jokes about it. P_COPE18  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| www. I've been doing something to think about it less, such as going to movies,<br>watching TV, reading, daydreaming, sleeping, or shopping. P_COPE19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| xxx. I've been accepting the reality of the fact that it has happened. P_COPE20   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| yyy. I've been expressing my negative feelings. P_COPE21  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |
| zzz. I've been trying to find comfort in my religion or spiritual beliefs. P_COPE22   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>    |

|   | Not at all               | Several days             | More than half the days  | Nearly every day         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| aaaa. I've been trying to get advice or help from other people about what to do.<br><b>P_COPE23</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bbbb. I've been learning to live with it. <b>P_COPE24</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cccc. I've been thinking hard about what steps to take. <b>P_COPE25</b>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dddd. I've been blaming myself for things that happened. <b>P_COPE26</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eeee. I've been praying or meditating. <b>P_COPE27</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ffff. I've been making fun of the situation. <b>P_COPE28</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us your thoughts about your life by marking each item as it applies to you.

|   | Strongly Agree           | Agree                    | Neutral                  | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I believe in the mission of the military. <b>P_Military1</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Behind every strong soldier is a strong family.<br><b>P_Military2</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I do not agree with my child being in the military.<br><b>P_Military3</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My child has a critical role in the military.<br><b>P_Military4</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. As a family member, I am important to the military.<br><b>P_Military5</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. What I do at home does not make a difference to my child's success in the military. <b>P_Military6</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The military is doing an important job. <b>P_Military7</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Families are not important to military readiness.<br><b>P_Military8</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I support my child's choice to be in the military.<br><b>P_Military9</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I am proud to be a military parent. <b>P_Military10</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Disagree<br>a lot<br>0   | Disagree a<br>little<br>1 | Neither agree<br>or disagree<br>2 | Agree a<br>little<br>3   | Agree<br>a lot<br>4      |
|---|--------------------------|---------------------------|-----------------------------------|--------------------------|--------------------------|
| x. In uncertain times, I usually expect the best.<br>P_LOTR1                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| y. If something can go wrong for me, it will.<br>P_LOTR2                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| z. I'm always optimistic about my future.<br>P_LOTR3                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. I hardly ever expect things to go my way.<br>P_LOTR4                    | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. I rarely count on good things happening to me.<br>P_LOTR5               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| cc. Overall, I expect more good things to happen<br>to me than bad. P_LOTR6 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| dd. There is not enough purpose in my life.<br>P_LOTR7                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| ee. To me, the things I do are all worthwhile.<br>P_LOTR8                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| ff. Most of what I do seems trivial and<br>unimportant to me. P_LOTR9       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| gg. I value my activities a lot. P_LOTR10                                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| hh. I don't care very much about the things I do.<br>P_LOTR11               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. I have lots of reasons for living. P_LOTR12                             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]

**Social Support** (The next section asks questions about people in your life. Please mark the box that best describes your experience.)

|  | Definitely<br>FALSE 0    | Probably<br>FALSE 1      | Probably<br>TRUE 2       | Definitely<br>TRUE 3     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| y. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me. <b>P_ISEL1</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z. I feel that there is no one I can share my most private worries and fears with. <b>P_ISEL2</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. If I were sick, I could easily find someone to help me with my daily chores. <b>P_ISEL3</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. There is someone I can turn to for advice about handling problems with my family. <b>P_ISEL4</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cc. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. <b>P_ISEL5</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dd. When I need suggestions on how to deal with a personal problem, I know someone I can turn to. <b>P_ISEL6</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ee. I don't often get invited to do things with others. <b>P_ISEL7</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ff. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden) <b>P_ISEL8</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| gg. If I wanted to have lunch with someone, I could easily find someone to join me. <b>P_ISEL9</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hh. If I was stranded 10 miles from home, there is someone I could call who could come and get me. <b>P_ISEL10</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. <b>P_ISEL11</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jj. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. <b>P_ISEL12</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters? **P\_ISELSupport**

- 0 ☐ I was thinking primarily about my spouse/significant other      1 ☐ I was thinking primarily about one person (not spouse/significant other)      2 ☐ I was thinking about several potential supporters

## 5. LIFE EVENTS

Thinking back on your entire life, have you ever...

|  | <u>YES</u><br>1          | <u>NO</u><br>2           |
|--|--------------------------|--------------------------|
| a. ... been badly beaten up? <b>P_LEM1</b> | <input type="checkbox"/> | <input type="checkbox"/> |

|    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| b. | ... been shot or stabbed? <b>P_LEM2</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | ... witnessed someone being seriously injured or killed? <b>P_LEM3</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | ... unexpectedly discovered a dead body? <b>P_LEM4</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | ... been mugged, held up, or threatened with a weapon? <b>P_LEM5</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | ... been held captive, tortured, or kidnapped? <b>P_LEM6</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | ... been in a fire, flood, earthquake, or other natural disaster? <b>P_LEM7</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | ... been in a life-threatening car or motor vehicle accident? <b>P_LEM8</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | ... had any other kind of life-threatening accident or injury? <b>P_LEM9</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | ... been diagnosed with a life-threatening illness? <b>P_LEM10</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | ... had a child of yours diagnosed with a life-threatening illness? <b>P_LEM11</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | ... been raped? <b>P_LEM12</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | ... experienced any other kind of sexual assault? <b>P_LEM13</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| n. | ...learned about the <u>sudden, unexpected death</u> of a close friend or relative?<br><b>P_LEM14</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| o. | ...learned that a close friend or relative was seriously physically attacked or injured in<br>a life-threatening event of any kind? <b>P_LEM15</b> | <input type="checkbox"/> | <input type="checkbox"/> |

a. Which of the above events was the worst? **P\_LEMWorst** \_\_\_\_\_

b. How old were you when it occurred? **P\_LEMWorstAge** \_\_\_\_\_

c. Briefly describe the event. **P\_LEMWorstDescribe** \_\_\_\_\_

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During the last 30 days, did you experience any of the following problems related to the worst event you described in above? (Circle the number that is most true for you)

|    |   | Not at all<br>1 | A little<br>bit<br>2 | Moderately<br>3 | Quite<br>a bit<br>4 | All the<br>time<br>5 |
|----|---|-----------------|----------------------|-----------------|---------------------|----------------------|
| a. | Repeated, disturbing memories, thoughts, or images of the stressful experience? <b>P_PCLM1</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| b. | Repeated, disturbing dreams of the stressful experience. <b>P_PCLM2</b>   | 1               | 2                    | 3               | 4                   | 5                    |
| c. | Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it). <b>P_PCLM3</b>                    | 1               | 2                    | 3               | 4                   | 5                    |
| d. | Feeling very upset when something reminded you of the stressful experience. <b>P_PCLM4</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| e. | Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event. <b>P_PCLM5</b> | 1               | 2                    | 3               | 4                   | 5                    |
| f. | Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it. <b>P_PCLM6</b>                     | 1               | 2                    | 3               | 4                   | 5                    |
| g. | Avoiding activities or situations because they remind you of the stressful experience. <b>P_PCLM7</b>   | 1               | 2                    | 3               | 4                   | 5                    |
| h. | Trouble remembering important parts of the stressful experience. <b>P_PCLM8</b>   | 1               | 2                    | 3               | 4                   | 5                    |
| i. | Loss of interest in activities that you used to enjoy. <b>P_PCLM9</b>   | 1               | 2                    | 3               | 4                   | 5                    |
| j. | Feeling distant or cutoff from other people. <b>P_PCLM10</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| k. | Feeling emotionally numb or being unable to have loving feelings for those close to you. <b>P_PCLM11</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| l. | Feeling as if your future somehow will be cut short. <b>P_PCLM12</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| m. | Trouble falling or staying asleep. <b>P_PCLM13</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| n. | Feeling irritable or having angry outbursts. <b>P_PCLM14</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| o. | Having difficulty concentrating. <b>P_PCLM15</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| p. | Being "super alert" or watchful or on guard. <b>P_PCLM16</b>  | 1               | 2                    | 3               | 4                   | 5                    |
| q. | Feeling jumpy or easily startled. <b>P_PCLM17</b>   | 1               | 2                    | 3               | 4                   | 5                    |

If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people? **P\_PCLMFunctioning**

Not difficult at all

1 ☐

Somewhat difficult

2 ☐

Very difficult

3 ☐

Extremely difficult

4 ☐

6. **MOOD.** These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Please circle your answer)

|  | Not at<br>all<br>0 | Several<br>days<br>1 | More than half<br>the days<br>2 | Nearly<br>every day<br>3 |
|--|--------------------|----------------------|---------------------------------|--------------------------|
| 1. Little interest or pleasure in doing things <b>P_PHQ1</b>   | 0                  | 1                    | 2                               | 3                        |
| 2. Feeling down, depressed, or hopeless <b>P_PHQ2</b>  | 0                  | 1                    | 2                               | 3                        |
| 3. Trouble falling or staying asleep, or sleeping too much<br><b>P_PHQ3</b>  | 0                  | 1                    | 2                               | 3                        |
| 4. Feeling tired or having little energy <b>P_PHQ4</b>   | 0                  | 1                    | 2                               | 3                        |
| 5. Poor appetite or overeating <b>P_PHQ5</b>   | 0                  | 1                    | 2                               | 3                        |
| 6. Feeling bad about yourself—or that you are a failure or<br>have let yourself or your family down <b>P_PHQ6</b>  | 0                  | 1                    | 2                               | 3                        |
| 7. Trouble concentrating on things, such as reading the<br>newspaper or watching television <b>P_PHQ7</b>  | 0                  | 1                    | 2                               | 3                        |
| 8. Moving or speaking so slowly that other people could<br>have noticed. Or the opposite—being so fidgety or<br>restless that you have been moving around a lot more<br>than usual <b>P_PHQ8</b> | 0                  | 1                    | 2                               | 3                        |
| 9. Thoughts that you would be better off dead, or of hurting<br>yourself in some way <b>P_PHQ9</b>   | 0                  | 1                    | 2                               | 3                        |

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **P\_PHQFunction**

Not difficult at all

0 ☐

Somewhat difficult

1 ☐

Very difficult

2 ☐

Extremely difficult

3 ☐

For each of the following statements, please indicate how often that statement was true for you during the past week.

|   | Never<br>1               | Very<br>rarely<br>2      | Rarely<br>3              | Sometimes<br>4           | Often<br>5               | Very<br>often<br>6       | Almost<br>always<br>7    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a.. If I didn't have enough time to do everything, I didn't worry about it. <b>P_PSWQ1</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My memories overwhelmed me. <b>P_PSWQ2</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't tend to worry about things. <b>P_PSWQ3</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Many situations made me worry. <b>P_PSWQ4</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I knew I shouldn't have worried about things, but I just couldn't help it. <b>P_PSWQ5</b>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. When I was under pressure, I worried a lot. <b>P_PSWQ6</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I was always worrying about something. <b>P_PSWQ7</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I found it easy to dismiss worrisome thoughts. <b>P_PSWQ8</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. As soon as I finished one task, I started to worry about everything else I had to do. <b>P_PSWQ9</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I did not worry about anything. <b>P_PSWQ10</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. When there was nothing more I could do about a concern, I didn't worry about things. <b>P_PSWQ11</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I noticed that I had been worrying about things. <b>P_PSWQ12</b>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Once I started worrying, I couldn't stop. <b>P_PSWQ13</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. I worried all the time. <b>P_PSWQ14</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. I worried about projects until they were all done. <b>P_PSWQ15</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

|   | Never<br>0               | Almost<br>Never<br>1     | Sometimes<br>2           | Fairly<br>Often<br>3     | Often<br>4               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i. In the last month, how often have you felt that you were unable to control the important things in your life? <b>P_PSS4Control</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. In the last month, how often have you felt confident about your ability to handle your personal problems? <b>P_PSS4PersProbs</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. In the last month, how often have you felt that things were going your way? <b>P_PSS4ThingsGood</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? <b>P_PSS4CantOvercome</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. ALCOHOL USE

Please check the response that best reflects your patterns of alcohol consumption.

|  | Never<br>0                                     | Monthly or Less<br>1     | 2-4 times a month<br>2             | 2-3 times a week<br>3          | 4 or more times a week<br>4 |
|--|--|--------------------------|------------------------------------|--------------------------------|-----------------------------|
| a. How often do you have a drink containing alcohol?<br><b>P_AUDIT1</b>  | <input type="checkbox"/><br>Go to next section | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
|  | 1 or 2<br>0                                    | 3 or 4<br>1              | 5 or 6<br>2                        | 7 to 9<br>3                    | 10 or more<br>4             |
| b. How many standard drinks do you have on a typical day when you are drinking?<br>[a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor]. <b>P_AUDIT2</b> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
|  | Never<br>0                                     | Less than monthly<br>1   | Monthly<br>2                       | Weekly<br>3                    | Daily or almost daily<br>4  |
| c. How often do you have six or more standard drinks on one occasion? <b>P_AUDIT3</b>  | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
| d. How often during the last year have you found that you were not able to stop drinking once you had started? <b>P_AUDIT4</b>   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
| e. How often during the last year have you failed to do what was normally expected of you because of drinking? <b>P_AUDIT5</b>   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
| f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? <b>P_AUDIT6</b>   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
| g. How often during the last year have you had a feeling of guilt or remorse after drinking? <b>P_AUDIT7</b>   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
| h. How often during the last year have you been unable to remember what happened the night before because you had been drinking? <b>P_AUDIT8</b>   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
|  | No<br>0  |                          | Yes, but not in the last year<br>2 | Yes, during the last year<br>4 |                             |
| i. Have you or anyone else been injured because of your drinking? <b>P_AUDIT9</b>  | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |
| j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cutt down? <b>P_AUDIT10</b>   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>    |

8. **PARENTING.** This next section asks about children and parenting. If you do not have children, your survey is complete.

- |  |  |
|--|--|
| <p>1. Do you have children other than this service member?<br/><b>P_OTHERCHILDREN</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO</p> <p>How old are your children? <b>P_OtherChildAge1;</b><br/><b>P_OtherChildAge2; P_OtherChildAge3;</b><br/><b>P_OtherChildAge4;</b></p> | <p>3. Will your service member's children (your grandchildren) move in with you as a result of his/her deployment?<br/><b>P_Grandchildmovein</b><br/>1 <input type="checkbox"/> YES      2 <input type="checkbox"/> NO</p> <p>If yes, how old are these children?<br/><b>P_GrandchildmoveinAge1; P_GrandchildmoveinAge2;</b></p> |
|--|--|

4. **P\_GrandchildmoveinAge3; P\_GrandchildmoveinAge4**

Which of these children still live with you?

**P\_ChildCurrLive**Are you a single parent? **P\_SINGLEPARENT**1 ☐ YES2 ☐ NO2. Are you a stepparent? **P\_STEPPARENT**1 ☐ YES2 ☐ NOIf yes, how old are your stepchildren? **P\_StepChildAge1;**  
**P\_StepChildAge2; P\_StepChildAge3;**  
**P\_StepChildAge4;**

5. Do you have a special needs child?

**P\_SPECIALNEEDSCHILD**1 ☐ YES2 ☐ NO

6. If you have a special needs child, please explain:

**P\_SPECIALNEEDEXPL**

Which of these children still live with you?

**P\_StepChildCurrLive**

Did your service member's children live with you during the deployment?

- ☐ No
- ☐ On occasion for overnight visits
- ☐ A significant part of the deployment but not all the deployment
- ☐ Yes, for the vast majority of the deployment

What role did you play in caretaking of your service members children during the deployment?

- ☐ I had no contact with them
- ☐ I had intermittent contact
- ☐ I played a significant role in caretaking but was not the primary caretaker
- ☐ I was the primary caretaker

Did your access to your service member's child/ren change as a result of the deployment?

- ☐ It stayed about the same
- ☐ I saw them much less than usual
- ☐ I saw them much more than usual

Please tell us about your parenting experience by marking each item as it applies to you.

|   | Strongly<br>Disagree<br>1 | Disagree<br>2            | Undecided<br>3           | Agree<br>4               | Strongly<br>Agree<br>5   |
|---|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| kk. I am happy in my role as a parent. <b>P_ParentalSS1</b>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ll. There is little or nothing I wouldn't do for my child(ren) if it was necessary. <b>P_ParentalSS2</b>    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mm. Caring for my child(ren) sometimes takes more time and energy than I have to give. <b>P_ParentalSS3</b> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nn. I sometimes worry whether I am doing enough for my children. <b>P_ParentalSS4</b>                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Strongly Disagree 1 Disagree 2 Undecided 3 Agree 4 Strongly Agree 5

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| oo. I feel close to my child(ren). <b>P_ParentalSS5</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pp. I enjoy spending time with my child(ren). <b>P_ParentalSS6</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| qq. My child(ren) is/are an important source of affection for me. <b>P_ParentalSS7</b>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rr. Having a child(ren) gives me a more certain and optimistic view for the future. <b>P_ParentalSS8</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ss. The major source of stress in my life is my child(ren). <b>P_ParentalSS9</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| tt. Having a child(ren) leaves little time and flexibility in my life. <b>P_ParentalSS10</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| uu. Having a child(ren) has been a financial burden. <b>P_ParentalSS11</b>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vv. It is difficult to balance different responsibilities because of my child(ren). <b>P_ParentalSS12</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ww. The behavior of my child(ren) is often embarrassing or stressful to me. <b>P_ParentalSS13</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xx. If I had it to do over again, I might decide not to have child(ren). <b>P_ParentalSS14</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yy. I feel overwhelmed by the responsibility of being a parent. <b>P_ParentalSS15</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zz. Having a child has meant having too few choices and too little control over my life. <b>P_ParentalSS16</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aaa. I am satisfied as a parent. <b>P_ParentalSS17</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bbb. I find my child(ren) enjoyable.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. **CHILDREN.** Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? \_\_\_\_\_ (No questionnaire for this child) **ITSEACHILDRENLESS12MO**

How many of your children are between 12-35 months old? **ITSEACHILDREN12to35MO** \_\_\_\_\_ (Complete that # of *Young Child Questionnaires*)

How many of your children are between 3 -17 years old? **ITSEACHILDREN3to17** \_\_\_\_\_ (Complete that # of *Older Child Questionnaires*)

## YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months \_\_\_\_\_ **P\_ITSEAAGE1(P\_ITSEAAGE2, ect if more than 1)**

Child's Sex: **1** Male **2** Female **P\_ITSEAGENDER1(P\_ITSEAGENDER2, ect if more than 1)**

Please mark the ONE response that best describes your child's behavior in the LAST month:

|   | Not True<br><b>1</b>     | Somewhat True<br><b>2</b> | Very True<br><b>3</b>    |
|---|--------------------------|---------------------------|--------------------------|
| gggg. Shows pleasure when he or she succeeds (for example, claps for self)<br><b>P_ITSEA1</b> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| hhhh. Gets hurt so often that you can't take your eyes off him/her <b>P_ITSEA2</b>            | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| iiii. Seems nervous, tense, or fearful <b>P_ITSEA3</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| jjjj. Is restless and can't sit still <b>P_ITSEA4</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| kkkk. Follows rules <b>P_ITSEA5</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| llll. Wakes up at night and needs help to fall asleep again <b>P_ITSEA6</b>                   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| mmmm. Cries or has tantrums until he/she is exhausted <b>P_ITSEA7</b>                         | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| nnnn. Is afraid of certain places, animals, or things _____<br><b>P_ITSEA8</b>                | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| oooo. Has less fun than other children <b>P_ITSEA9</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| pppp. Looks for you (or other parent) when upset <b>P_ITSEA10</b>                             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| qqqq. Cries or hangs onto you when you try to leave <b>P_ITSEA11</b>                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| rrrr. Worries a lot or is very serious <b>P_ITSEA12</b>                                       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| ssss. Looks right at you when you say his/her name <b>P_ITSEA13</b>                           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| tttt. Does not react when hurt <b>P_ITSEA14</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| uuuu. Is affectionate with loved ones <b>P_ITSEA15</b>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| vvvv. Won't touch some objects because of how they feel <b>P_ITSEA16</b>                      | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| wwww. Has trouble falling asleep or staying asleep <b>P_ITSEA17</b>                           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| xxxx. Runs away in public places <b>P_ITSEA18</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| yyyy. Plays well with other children (not including brothers/sisters) <b>P_ITSEA19</b>        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| zzzz. Can pay attention for a long time (other than watching TV) <b>P_ITSEA20</b>             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

|  | Not True                 | Somewhat True            | Very True                |
|--|--------------------------|--------------------------|--------------------------|
| aaaaa. Has trouble adjusting to changes <b>P_ITSEA21</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bbbbb. Tries to help when someone is hurt (for example, gives a toy) <b>P_ITSEA22</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ccccc. Often gets very upset <b>P_ITSEA23</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ddddd. Gags or chokes on food <b>P_ITSEA24</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eeee. Imitates playful sounds when you ask him/her to <b>P_ITSEA25</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ffff. Refuses to eat <b>P_ITSEA26</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ggggg. Hits, shoves, kicks, or bites children (not including brothers/sisters) <b>P_ITSEA27</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hhhhh. Is destructive. Breaks or ruins things on purpose <b>P_ITSEA28</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iiii. Points to show you something far away <b>P_ITSEA29</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jjjj. Hits, bites, or kicks you (or other parent) <b>P_ITSEA30</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| kkkkk. Hugs or feeds dolls or stuffed animals <b>P_ITSEA31</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| llll. Seems very unhappy, sad, depressed, or withdrawn <b>P_ITSEA32</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mmmmm. Purposely tries to hurt you (or other parent) <b>P_ITSEA33</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nnnnn. When upset, gets very still, freezes, or doesn't move. <b>P_ITSEA34</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| oooo. Puts things in a special order over and over, and gets upset if he/she is interrupted <b>P_ITSEA35</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ppppp. Repeats the same action over and over again. <b>P_ITSEA36</b><br><i>Please give an example:</i>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| qqqqq. Repeats a particular movement over and over (like rocking, spinning) <b>P_ITSEA37</b><br><i>Please give an example:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rrrr. Spaces out. Is totally unaware of what is happening around him/her <b>P_ITSEA38</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sssss. Does not make eye contact <b>P_ITSEA39</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| tttt. Avoids physical contact <b>P_ITSEA40</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| uuuuu. Hurts self on purpose (for example, bangs his/her head)<br><i>Please give an example:</i> <b>P_ITSEA41</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vvvv. Eats or drinks things that are not edible (like paper or paint) <b>P_ITSEA42</b><br><i>Please give an example:</i>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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***Do you have another child between the ages of 12-35 months?  
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***



# OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years \_\_\_\_\_ **P\_SDQAGE1 (P\_SDQAGE2, ect if more than 1)**

Child's Sex: **1** Male **2** Female **P\_SDQGENDER1 (P\_SDQGENDER2, ect if more than 1)**

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

|   | Not True                 | Somewhat True            | Very True                |
|---|--------------------------|--------------------------|--------------------------|
| ccc. Considerate of other people's feelings <b>P_SDQ1</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ddd. Restless, overactive, cannot stay still for long <b>P_SDQ2</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| eee. Often complains of headaches, stomach-aches or sickness <b>P_SDQ3</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fff. Shares readily with other children (toys, food, games) <b>P_SDQ4</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ggg. Often loses temper <b>P_SDQ5</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hhh. Rather solitary, prefers to play alone <b>P_SDQ6</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Generally well behaved, usually does what adults request <b>P_SDQ7</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| jjj. Many worries or often seems worried <b>P_SDQ8</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| kkk. Helpful if someone is hurt, upset or feeling ill <b>P_SDQ9</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| lll. Constantly fidgeting or squirming <b>P_SDQ10</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mmm. Has at least one good friend <b>P_SDQ11</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nnn. Often fights with children or bullies them <b>P_SDQ12</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ooo. Often unhappy, depressed or tearful <b>P_SDQ13</b>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ppp. Generally liked by other children <b>P_SDQ14</b>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| qqq. Easily distracted, concentration wanders <b>P_SDQ15</b>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rrr. Nervous or clingy in new situations, easily loses confidence <b>P_SDQ16</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sss. Kind to younger children <b>P_SDQ17</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ttt. Often argumentative with adult <b>P_SDQ18</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| uuu. Picked on or bullied by other children <b>P_SDQ19</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vvv. Often offers to help others (parents, teachers, other children) <b>P_SDQ20</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| www. Thinks things out before acting <b>P_SDQ21</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xxx. Can be spiteful to others <b>P_SDQ22</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yyy. Gets along better with adults than with other children <b>P_SDQ23</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| zzz. Many fears, easily scared <b>P_SDQ24</b>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aaaa. Good attention span, sees work through to the end <b>P_SDQ25</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bbbb. Often lies or cheats <b>P_SDQ26</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| cccc. Steals from home, school or elsewhere <b>P_SDQ27</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***Do you have another child between the ages of 3 years -17 years old?  
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

If there is anything else you would like to add about how parents of service members can be involved or included in the deployment and reintegration process, please describe briefly in the lines below.

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THANK YOU

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## GUIDING QUESTIONS FOR QUALITATIVE INTERVIEW

### **Spouse & Service Member Interview**

Thank you for agreeing to take part in this interview today. We would like to learn a little bit about you as we begin so if you could start by describing who is in your family and what a typical day is like in your home.

- How long have you been married or in a committed relationship with one another?
- Would like to know who is in the family. If for example there are step children or non-custodial children, how often they are in the home.
- Would like to know a little bit about work, school, extracurricular, and other related daily home routines.

Deployment - We are very interested in hearing about each of your different stories of deployment. Please describe your deployment experience including what were the most stressful things you faced during the deployment. (Service Member, Spouse, Parent(s)).

- Previous deployments

Reintegration - We are very interested in hearing about each of your different stories of reintegration. Please describe your reintegration experience including what were the most stressful things you faced during the reintegration.

### A: STRESSOR EVENT

- Looking back, how did your life change when your soldier was deployed?
  - What was different in your day to day tasks or activities? What remained the same?
  - Did your behavior or attitude change when your soldier was deployed? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings/children, grades etc.)
- If we were to start with the oldest child and go one at a time:
  - What changes did you notice about each child during deployment?
  - What changes did you notice about each child after your service member got home?
  - If there were challenges, how did you help your child get through this?
- How did you deal with the milestone and life events that occurred while your soldier was away? (e.g. birthdays, deaths, school events, parties, weddings, etc.)
- Has your behavior or attitude changed since soldier has returned? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings/children, grades etc.)
- How has your life changed since soldier returned?
  - What is different in day to day tasks or activities? What is the same? (e.g. Roles at home, afterschool activities, Relationship with parent/siblings/children).

- Have you noticed changes in your behavior or attitude since [/spouse/son/daughter] has returned? Describe. (e.g. changes in sleeping, eating, fights with siblings/children, grades, etc.)
- What has it been like for you in your family since your return? What has been the biggest adjustment?
  - Probe: What has gone well? What hasn't gone well?
  - Were all family members receptive to your return? If not, who has struggled with the transition the most?

## B: RESOURCES

What and/or who helped you get through the deployment? How did this help? Please Explain. Was anything you tried not helpful?

- Military
- Civilian
- Formal
- Informal

How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) when your [spouse/son/daughter] was deployed?

- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.)
  - Has this changed since your [spouse/son/daughter] returned?
- Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
- OR what blocked you from accessing your support system during the deployment? Did this change after your [spouse/son/daughter] returned?

## C: MEANING MAKING

Some people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you?

How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?

- How has your experience with this whole process of deployment and reintegration influenced the way you think about:
  - How you view the world?
  - How you view the military?
  - The community in which you live?

- Yourself?
  - Your family?
  - Your role as a husband/wife?
  - Your role as a father/mother?
- In what ways has the deployment and reintegration experiences challenged and/or strengthened your family? Did you grow as a result of the deployment? Expand on your answer.
- What do you tell your children about what your spouse does?
- What do you tell other adults about your spouse's work?
  - Probe: What are their reactions to you? How does that make you feel?
  - Probe: Do you feel people understand what life is like for your family? What is your perception of this upon return?

#### X: ADJUSTMENT

- What is your sense of how you are adjusting? (Any mental health issues – depression/PTSD etc?)
- How do you think the deployment experience has impacted your family?
  - Probe: What changes have you seen in your relationship with your spouse? With your children? How has your parenting changed? In your children's behavior at school or socializing with friends? How do you think your kids are doing?
- Some families say deployment brings them closer together or stronger, others say it drives them apart. Tell me about your experience. How do you think your family did during deployment? How do you think your family is doing now post-deployment?

What is one thing with regards to deployment survival that you wish someone would have told you or what would you say to a new NG family preparing for deployment, what advice would you give them?

### Individual Service Member Interview

- **Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words?** If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., **This can be hard, but I'd like you to try to pick five. You've already given me...** However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*
- *After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*
- **You said: \_\_\_\_\_ (word/phrase). Can you tell me why you chose \_\_\_\_\_ to describe your experience? Ask for examples if none given.**

#### A: STRESSOR EVENT

- Any additional stressors you didn't want to mention in front of the other family members?

#### C: MEANING MAKING

- What do you tell yourself about your deployment experience? How do you describe/explain your experiences to others (e.g. spouse/children/family/friends)?

Probe: explore the why and how of their answer (e.g. if they don't talk about it, what is the block?; if they do talk about it, what do they say)

#### X: ADJUSTMENT

- How do you think your spouse is doing?
  - Probe: How often do you talk to him/her about the deployment experience? Do you find you can be open with your partner?
- What kinds of things do you choose to not talk about with your spouse?
- How did you decide not to share that information?
- Any information you didn't want to say in front of the whole family?

**Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?**

**Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?**

**Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?**

## Individual Spouse or Parent Interview

- **Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words?** If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., **This can be hard, but I'd like you to try to pick five. You've already given me...** However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*
- *After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*
- **You said: \_\_\_\_\_ (word/phrase). Can you tell me why you chose \_\_\_\_\_ to describe your experience? Ask for examples if none given.**

### A: STRESSOR EVENT

- Any additional stressors you didn't want to mention in front of the other family members?

### C: MEANING MAKING

- What do you tell yourself about your deployment experience? How do you describe/explain your experiences to others (e.g. spouse/children/family/friends)?

Probe: explore the why and how of their answer (e.g. if they don't talk about it, what is the block?; if they do talk about it, what do they say)

### X: ADJUSTMENT

- How do you think your spouse is doing?
  - Probe: How often do you talk to him/her about the deployment experience? Do you find you can be open with your partner?
- What kinds of things do you choose to not talk about with your spouse?
- How did you decide not to share that information?
- Any information you didn't want to say in front of the whole family?

**Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?**

**Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?**

**Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?**

## **GUIDING QUESTIONS FOR QUALITATIVE INTERVIEW**

### **Parent of Service Member Interview (Interview fathers and mothers separately)**

Thank you for agreeing to take part in this interview today. We would like to learn a little bit about you as well as your relationship with your service member son/daughter.

- Tell me about yourself
  - Where you live
  - Who is in your family
  - Work, school, extracurricular, and other related daily home routines.
- Describe your relationship with your service member prior to deployment?
  - What was the relationship like?
  - Please describe the activities that were involved in your relationship.
- Where did your service member live prior to deployment?
  - Probe if at home, close by, far away.
- Where does your service member live now that he/she is home?
  - Probe if at home, close by, far away.
- What is your own history of military knowledge or military service?
- How did you feel about your son/daughter joining the military?

We are very interested in hearing about each of your different stories of deployment. Please describe your deployment experience including what were the most stressful things you faced during the deployment.

- How involved were you in helping your service member prepare for the deployment?
- Describe your relationship with your SM during the deployment.
  - Probe for involvement eg, communication, care packages, childcare, etc.
- Describe your relationship with your SM since he/she has been home.
  - How often do you see each other?



- How involved does your SM want you to be?

#### A: STRESSOR EVENT

- Looking back, how did your life change when your soldier was deployed?
  - What was different in your day to day tasks or activities? What remained the same? (e.g. Roles at home, ruminations, etc.)
  - Did your behavior or attitude change when your soldier was deployed? If so, how? (e.g. changes in sleeping, eating, drinking, relationship with spouse, friends, extended family, etc.)
  - Did you feel like you were important in the deployment and reintegration process of your SM?
    - What did you do that helped your SM?
    - What did you do that helped yourself?
    - What did you do that helped the military?
  - What changes did you notice in your son/daughter during deployment?
  - What changes did you notice after your son/daughter got home?
  - If there were challenges, how did you help your son/daughter get through them?
- How did you deal with the milestone and life events that occurred while your soldier was away?
  - Eg., business as usual, everything on hold.
- What has it been like for you and your family since your SMs return? What has been the biggest adjustment?
  - Probe: What has gone well? What hasn't gone well?
  - Were all family members receptive to SM return? If not, who has struggled with the transition the most?

#### B: RESOURCES

- What and/or who helped you get through the deployment? How did this help? Please Explain.
- How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) when your [son/daughter] was deployed?

- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.) – Has this changed since your [spouse/son/daughter] returned?
  - Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
  - OR what blocked you from accessing your support system during the deployment? Did this change after your [spouse/son/daughter] returned?
  - How have you been a resource to your son/daughter?

### C: MEANING MAKING

Many people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you?

- How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over? What did you tell yourself about the experience as you were going through it?
  - How has your experience with this whole process of deployment and reintegration influenced the way you think about:
    - Your relationship with your SM?
    - How you view the world?
    - How you view the military?
    - The community in which you live?
    - Yourself?
    - Your family?
    - Your role as a husband/wife?
    - Your role as a father/mother?

- In what ways has the deployment and reintegration experiences challenged and/or strengthened your family? Did you grow as a result of the deployment? Expand on your answer.

### X: ADJUSTMENT

- What is your sense of how you are adjusting? (Any mental health issues – depression/PTSD etc?)

- How do you think the deployment experience has impacted your family?
- Probe: What changes have you seen in your relationship with your child?
- Some families say deployment brings them closer together or stronger, others say it drives them apart. Tell me about your experience. How do you think your family did during deployment? How do you think your family is doing now post-deployment?

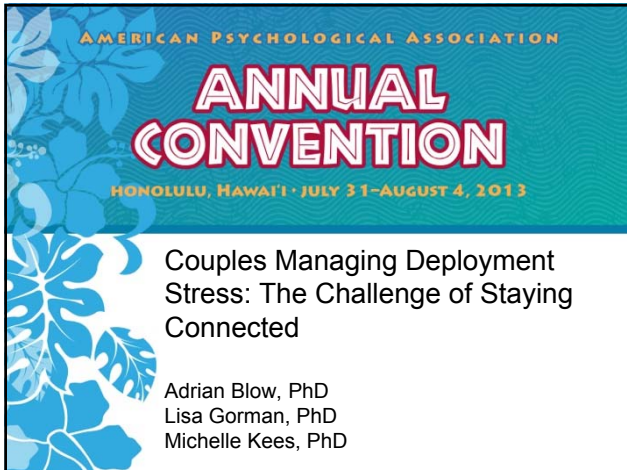
“What is one thing with regards to deployment survival that you wish someone would have told you” or “what would you say to a new NG family preparing for deployment, what advice would you give them?”

**Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words?** If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., **This can be hard, but I'd like you to try to pick five. You've already given me...** However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*

- 1.
- 2.
- 3.
- 4.
- 5.

*After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*

- a) **You said: \_\_\_\_\_ (word/phrase). Can you tell me why you chose \_\_\_\_\_ to describe your experience? Ask for examples if none given.**



AMERICAN PSYCHOLOGICAL ASSOCIATION

# ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

## Couples Managing Deployment Stress: The Challenge of Staying Connected

Adrian Blow, PhD  
Lisa Gorman, PhD  
Michelle Kees, PhD

### Military Life Challenges Basic Assumptions of strong relationships

APA  
ANNUAL  
CONVENTION  
JULY 31–AUGUST 4  
HONOLULU, HAWAII

Couples who do well are intimately familiar with each other's world. They have a richly detailed love map—they know the major events in each other's history, and they keep updating their information as their spouse's world changes. They know each other's goals, worries, and hopes. (Gottman, 1999)

Couples who do well are more accessible, emotionally responsive, and deeply engaged with each other (Sue Johnson, 2008)

### Military Life Challenges Basic Assumptions of strong relations

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HONOLULU, HAWAII

Individuals need to know that there are a few essential other people in their lives who care about what happens to them, understand their experiences, and are available and willing to offer comfort and support in times of stress. The need for ongoing relationships with a few essential attachment figures begins with one's parents but continues throughout life (Johnson)

### The Challenge For Military Couples

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- Each individual undergoes intensive and sustained emotional arousal for a year or longer
- Stress experienced by each is partner completely different
- Sustained stress leads to both positive and negative growth
- There are numerous barriers for couples striving to stay emotionally connected during deployment and reconnect after deployment

### Service Member Stress: Experienced Individually

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- Stress begins with notification that deployment will occur (often lengthy time of preparation)
- Physically present but psychologically absent
- Extended separation(s)
- Trauma witnessed in war, combat exposure
- Mission focus and challenges
- Personal existential conflicts
- Need to adapt to transitions
- Multiple deployments (ongoing turbulence)
- Reintegration challenges
- Personal growth

### Service Member Barriers to Sharing Stress with Spouse

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- Don't want to worry spouse
- Military limits on what can be shared
- Many aspects of war difficult to talk about
- Communication via internet or email not the same as in-person sharing

### Spouse/Partner Stress: Experienced Individually

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HONOLULU, HAWAII

- Normal life
- Home management activities
- Self care
- Inevitable crises/Unexpected life events
- Worry about service member
- Need to adapt to transitions
- Multiple deployments (ongoing turbulence)
- Reintegration challenges
- Work outside the home
- Personal growth

### Spouse Barriers to Sharing Stress with Spouse

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- Don't want to worry/burden soldier
- Communication via internet or email not the same as in person
- How deep and meaningful can conversations be on deployment

### During Reintegration, Depression is a Problem for both Soldiers and Spouses

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- In our studies of National Guard Couples post deployment using dyadic data analysis we found:
- For both service members and their spouses, depression was most strongly associated with relational distress post-deployment (partner and actor effects)
- Depression presents a challenge as couples attempt to reconnect post deployment

Gorman, 2009; Blow et al, 2013

### Reconnecting Post Deployment

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- Immediately following return from deployment, couples may experience difficulty reconnecting
- Non-shared deployment experiences have the potential to make it much more difficult for partners to re-establish their emotional connection
- It can be a challenge for couples to get to know each other again

### Brief Case Example

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- From our qualitative interviews of couples (Risk and Resiliency Study)
- Couple met and married after two months
- He left on deployment shortly thereafter

### Brief Case Example

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Soldier: Deployment for him was extremely stressful (mainly politics of deployment)

"Part of the job is the prospect of having to deploy, being in a hostile territory, just to be someplace where guys from your unit may have gotten blown up or people want you dead. The prospect of like not being 100% in control of what can happen to you as far as being in a battle field or a hostile environment that is stressful to a certain extent. So I was an advisor and I left the wire and we were in danger on a regular basis ... I was in jeopardy multiple times where I could come under contact or be ambushed or lose my life."

### Brief Case Example

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“And the other part of it is I have these feelings that are a reaction to things that are going on (unit politics) that made me extremely angry for the entire deployment. However, you wear the uniform you have to swallow your pride and in some ways we will hear guys say sometimes you have to eat a shit sandwich when you are in the army... you don't want to eat it, it doesn't taste good but you just do what you have to do.”

### Brief Case Example

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- Spouse: Deployment for her was isolating, she did not know military life or have any military connections.
- “Well it is probably the common things you hear I mean nobody hugs you, nobody touches you, nobody talks to you on that level so that is probably one of the most stressful for me as a female like I went through a year without really ever having a hug.”

### Brief Case Example

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- How does this couple connect post deployment
- He was stuck in the negativity of his experience
- She did not know how to reach him, make him happy, or get to know him again
- They are both profoundly changed by the deployment
- They did not know each other that well before the deployment (two months)

### Couples need Intentional Strategies to Connect and Reconnect

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- Skype calls through deployment
- Journals
- Therapy
- Couple vacations
- Strong Bonds
- Conversations about reintegration
- Soldier not wedded to roles
- Time, normalize that reconnecting takes time
- Time alone without children or family

## Couples need Intentional Strategies to Connect and Reconnect

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- Peer support from other couples who have reconnected after deployment
- Love notes or letters, emails
- Individual patience and willingness to give partner some space
- Open mind to partner changes and growth as positive and not threat to relationship



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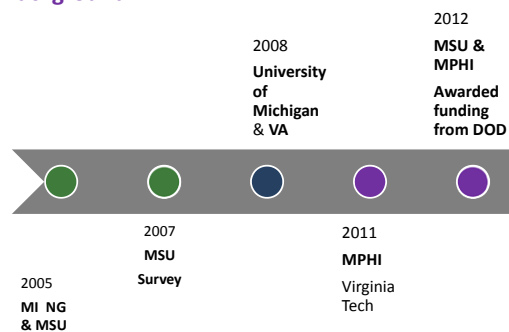
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## Risk, Resiliency, and Coping in National Guard Families

### Agenda

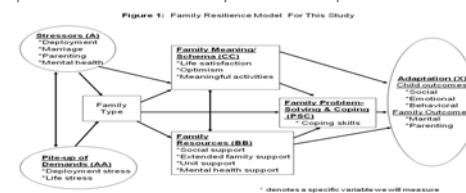
- Background
- Overview of project
- Key findings over time
- How research has been used to benefit MI NG soldiers and families.
- Ask
  - 2 years of data collection left
  - Star Behavioral Health
  - Maybe access for care coordination with Veterans Affairs
- MI NG wish list
  - How can we use our experience and research to benefit soldiers and families moving forward?

### Background



### Expected Outcome

- ✦ Expand current models of family stress and adaptations



- ✦ Inform development and adaption of evidence-based family and community resilience programs
- ✦ Enhance methods that build and sustain strong relationships within military families

## Study Progress

### Completed

- ⊗ Pre-Deployment Survey
- ⊗ Post-Deployment Surveys
  - ⊗ 607 Service Members
  - ⊗ 331 Spouses/Significant Others
  - ⊗ 29 Parents
- ⊗ 40 Family Interviews
- ⊗ Gift card paid out
  - ⊗ \$25 for each survey
  - ⊗ \$100 for each family interview

### To be completed by Sept. 2015

- ⊗ Surveys
  - ⊗ 1 year following deployment survey in conjunction with VOICES and online
  - ⊗ 2 years following deployment survey
- ⊗ Family Interviews
  - ⊗ 1 year follow-up after reunion
  - ⊗ 2 years follow-up after reunion

| Percentage of National Guard Service Members Who Met the Screening Criteria for Mental Health Problem | 45-90 days 2006-2008 N=332 | 45-60 days 2009 N=325 partnered | Pre-deployment 2011 N=617 | 6 months 2011-2012 N=694 | 12 months 2011-2012 N=194 |
|---|----------------------------|---------------------------------|---------------------------|--------------------------|---------------------------|
| PTSD (PCL-M >50)  | 11%                        | 13%                             | 12%                       | 16%                      | 12%                       |
| Depression BDI-II > 14 PHQ-9 >10  | 21%                        | 21%                             | 13%                       | 19%                      | 20%                       |
| Suicidal risk   | 5%                         |                                 | 7%                        | 7%                       | 9%                        |
| Hazardous alcohol use AUDIT   | 20%*                       | 35%                             |                           | 50%**                    | 44%                       |
| 1 or more identified MH problem   | 40%                        |                                 |                           |                          |                           |

## Survey Data to Assess Need

- Sample (soldiers attending reunion weekends)
  - Sample
  - Service Members = 926
  - Spouses/SO = 556
  - Survey response rate (Soldier/Spouse): Wave 1: 40/36%; Wave 2: 78/80% (incentive \$10/\$25)
  - Likely PTSD (PCL-M scores > 50) – both Wave 1 and 2: 11%
  - Likely Depression -- Wave 1: 20.5% (BDI-II  $\geq$  14). Wave 2: 24% (PHQ-9  $\geq$  10)

## Symptom Levels

| Sample         | 2006-2008 | 2009-2010 | 2011-2012 | P value |
|----------------|-----------|-----------|-----------|---------|
| PTSD           | 11%       | 12%       | 16%       | P=.07   |
| Depression     | 21%       | 24%       | 19%       | P=.03   |
| Alcohol Misuse | 46%       | 59%       | 50%       | P<.0001 |

### Barriers to Care

| Sample  | 2006-2008 | 2009-2010 | 2011-2012 |
|---|-----------|-----------|-----------|
| <b>Stigma</b>   |           |           |           |
| It would be too embarrassing.                                   | 15%       | 15%       | 12%       |
| It would harm my career.  | 17%       | 17%       | 15%       |
| Members of my unit might have less confidence in me.*           | 19%       | 15%       | 11%       |
| My unit leadership might treat me differently.*                 | 19%       | 17%       | 13%       |
| My leaders would blame me for the problem.*                     | 11%       | 8%        | 7%        |
| I would be seen as weak.*                                       | 18%       | 15%       | 11%       |
| <b>Logistical</b>   |           |           |           |
| I don't know where to get help.                                 | 6%        | 6%        | 5%        |
| I don't have adequate transportation.                           | 5%        | 4%        | 3%        |
| It is difficult to schedule an appointment.*                    | 12%       | 7%        | 13%       |
| There would be difficulty getting time off work for treatment.* | 14%       | 8%        | 13%       |
| Mental health care costs too much money.                        | 18%       | 15%       | 17%       |
| <b>Belief</b>   |           |           |           |
| I don't trust mental health professionals*                      | 16%       | 11%       | 9%        |
| Mental health care doesn't work.                                | 7%        | 6%        | 6%        |

### MSU in Support of Michigan National Guard

- Began collaboration in 2005
- Oct 2006 Family Reunion Workshops
  - Reintegration and Children
  - Family Stress and Communication
  - Addictions
  - Spouse Group (now for all supporters)
  - Used peer veterans (Don Behm and Tom Devine to assist in delivering workshops)
  - Married Service Member Support Group
  - Maj Gen Cutler signed approval for MSU research

- Data Collection through surveys began in Fall 2007
- Family Impact Seminar – May 2008
  - MI House and Senate Committees
  - Focus on Needs of MI NG Families
  - Preliminary Findings from a MSU/MI NG Study of Returning Veterans
- Systems of Care
  - Jun 2008 First Community Event in Lansing
  - Communiqué - Dep. of Community Health
  - Educate community providers
  - Signing of Community Covenant at the State Capitol 12 Nov 2008

### How research data has been used to benefit Michigan soldiers & families

- ✿ **Outreach**
  - ✿ Systems of Care presentations 2008-2011
  - ✿ Military Child Education Coalition Public Engagement 2010
- ✿ **Policy**
  - ✿ 2008 – Family Impact Seminar
  - ✿ 2012 - strategic planning at the SAMHSA sponsored policy academy
  - ✿ 2013 – Governor's office on USVA Mental Health Services and Benefits Memorandum on unique issues for National Guard
- ✿ **Funding for MI ARNG programs**
  - ✿ Road to Reintegration
    - ✿ \$796,500 Yellow Ribbon Appropriation 2009
    - ✿ Chaplain Support, Buddy to Buddy and Systems of Care
  - ✿ Buddy to Buddy
    - ✿ \$400,000 to MI ARNG for implementation
- ✿ **Secure funding for community programs**
  - ✿ Buddy-to-Buddy volunteer veteran program lead by Marcia Valenstein, UM/VA
  - ✿ Strong Families lead by Kate Rosenblum, UM
  - ✿ Home Front Strong lead by Michelle Kees, UM
- ✿ **Train Providers**
  - ✿ Star Behavioral Health Program lead by Adrian Blow, MSU
  - ✿ Family Physicians – Family Medicine Research, Gorman 2013

### Signing of Community Covenant in State Capitol 2008



### Future

- What does MI NG need from us?
- How can we support their soldiers and families?
- NG priorities

### Partners

- ✿ Michigan National Guard, MG Vadnais, CW3 Jeannie O'Dell
- ✿ Service members and family of the 125/126 Battalion
- ✿ Michigan State University, Adrian Blow, Hiram Fitzgerald, Ryan Bowles
- ✿ Michigan Public Health Institute, Lisa Gorman, Danielle Guty
- ✿ Ann Arbor VA Healthcare System & UM Marcia Valenstein, Heather Walters
- ✿ University of Michigan, Michelle Kees, Susan McDonough, Kate Rosenblum
- ✿ Virginia Tech, Angela Huebner
- ✿ Michigan Veterans Affairs Agency, Tigi Habtemariam

## Fostering Innovation & Partnerships to Address Emerging Public Health Issues



Elizabeth Hamilton, MPH, PhD, Center on Infectious Diseases Director

Lisa Gorman, PhD, Systems Reform Program Director

## Objectives

- Learn how to highlight characteristics unique to PHIs in order to **fill perceived gaps** in coverage areas
- Learn the foundation of **building partnerships** when forging new program topic areas
- Discuss innovative topic areas:
  - Veterans and Military Families
  - Infectious Diseases



## Strengths that distinguish



## Role of PHI in Public Health System



Adapted from Piggott KL, JPHMP, June 2009



## New Topic Areas

### Infectious Diseases

- Comparative Epidemiology & Animal Health
- Infectious Diseases & Human Health
- Border/Migrant/Quarantine Health
- Health Care Associated Infections and/or Antimicrobial Resistance

### Veterans & Military Families

- National Guard & Reserve Component
- Access to Veterans Affairs Benefits
- Reintegration & Resilience
  - Employment
  - Access & stigma barriers
  - Stigma

## Building Partnerships

Forging new program topic areas can be compared to the process of farming.

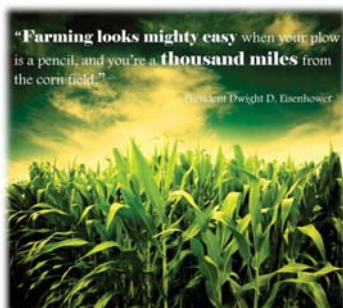
There is a lot of sweat equity and hard work to be done before you attain the results.

*“You must give to get, You must sow the seed, before you can reap the harvest”*

– Scott Reed

## Preparing the Land

- Understanding your organization
- Finding a shared vision
- Understand the lay of the land



## Planting the Seeds

- Honoring and building relationships
- Communication
- Strategy to accomplish common goals



## Tending the field

*watering, fertilizing, weeding, etc.*

- Process & infrastructure
- Cultural differences
- Compatibility
- Evaluation & monitoring



## Gathering the Harvest

- Sustainability
- Maintain linkages
- Capitalize on the momentum of partnerships



## Thank you!

Questions about Infectious Diseases

Elizabeth Hamilton [ehamilto@mphi.org](mailto:ehamilto@mphi.org)

Questions about Veterans and Military Families:

Lisa Gorman [lgorman@mphi.org](mailto:lgorman@mphi.org)





# Citizen Soldiers

## What Do They Mean for My Medical Practice?

Lisa Gorman, PhD  
Systems Reform Program Director  
May 23, 2013



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## Overview of the Military

- Total Size of the US Armed Forces
  - 3.5 million + (2008 DoD Demographics)
  - Active Duty military personnel - 1,387,674 (40.3%)
  - Coast Guard members - 41,362
  - Reserve and Coast Guard Reserve (includes National Guard) - 1,080,617 (30.4%)
  - Civilian personnel - 835,739 (23.5%)
- Marital Status (2008 DoD Demographics)
  - 55.1% of Active Duty military members are married
  - 48.2% of the National Guard and Reserve are married

3



### Michigan

- National Guard Armories
- Marine Reserve
- Navy Reserve
- Army Reserve
- Coast Guard

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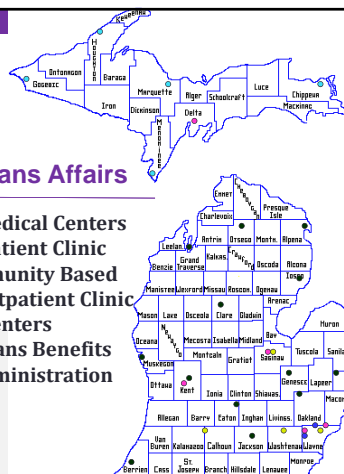
## Michigan Citizen Soldiers

- MI ARNG deployed 11,000+ Soldiers since 2001
- Does not include the reserves or other service members from the state
- 90% of total NG force has been deployed in OIF or OEF
- Dispersed geographically across the state

(Blow et al)

- ## Veterans Affairs

- VA Medical Centers
- Outpatient Clinic
- Community Based Outpatient Clinic
- Vet Centers
- Veterans Benefits Administration



- 33% reported of returning veterans reported a mental health/cognitive condition
- 18.5% met Posttraumatic Stress Disorder (PTSD) or depression criteria (300,000 veterans)
- 14% PTSD
- 14% depression
- 19.5% reported a probable Traumatic Brain Injury (320,000 veterans)

## Mental Health Concerns

Soldiers :

40% report one or more mental health problem

- 11% PTSD / Combat
- 21% Depression
- 5% Suicidal Thoughts
- 20% Hazardous Alcohol Use

(Michigan Study, Gorman et al, 2011)

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## Mental Health Concerns

### Spouses/Significant Others:

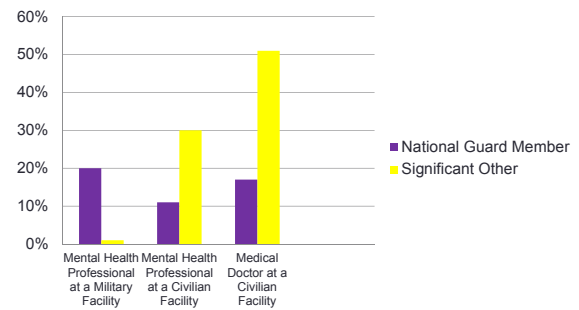
34% report one or more mental health problem

- 17% PTSD / Stressful Life Event
- 22% Depression
- 10% Suicidal Thoughts
- 3% Hazardous Alcohol Use

(Michigan Study, Gorman et al, 2011)

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## Use of MH Services in Prior Year



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## Do I Have Citizen Soldiers and Their Families in My Medical Practice?

- Have a means of identifying individuals as in the military (e.g. an intake question)
- Demonstrate respect for the military and military culture
- Build trust (a strong physician-patient relationship)
- Become a TRICARE provider

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## What can I do?

- Have someone in your office designated to help veterans and military families with referrals
- Have a list of military sensitive referral sources you can refer patients to for mental health concerns (e.g., Star Behavioral Health Providers; Military one source)
- Build relationships with veterans and organizations that special in treatment for veterans.

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## Studies cited

- Gorman, L., Blow, A. J., Ames, B., & Reed, P. (2011). National Guard families after combat: Mental health, use of mental health services, and perceived treatment barriers. *Psychiatric Services*, 62, 28-34.
- Blow, A. J., MacInnes, M. D., Hamel, J., Ames, B., Onaga, E., Holtrop, K., Gorman, L., & Smith, S. (2012). National Guard service members returning home after deployment: The case for increased community support. *Administration and Policy in Mental Health and Mental Health Services Research*, 39, 383-393. DOI 10.1007/s10488-011-0356-x.
- Tanielian T, Jaycox LH. *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: Rand Monographs; 2008.

## Special thanks to:

- The men and women in the Michigan National Guard and their families
- Veterans from all eras including our Vietnam era Veterans who volunteer time to ensure positive reintegration for our returning troops
- Michigan State University, Adrian Blow, Hiram Fitzgerald, Barbara Ames
- Ann Arbor VA Healthcare System & UM Marcia Valenstein, Heather Walters
- University of Michigan, Michelle Kees, Susan McDonough, Sheila Marcus



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## Risk, Resiliency, and Coping in National Guard Families

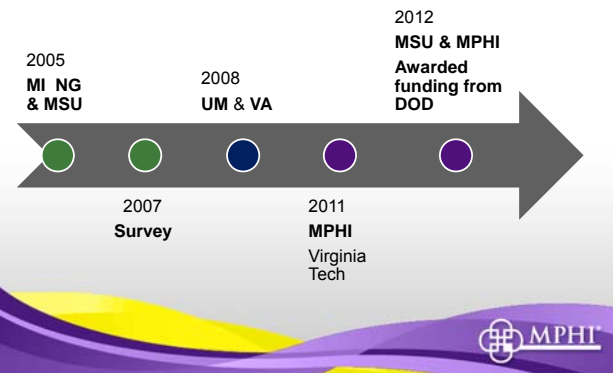


### Relevance to MPHI Mission

- ✿ Maximize positive health conditions among Michigan military families through collaboration and scientific inquiry.
- ✿ Leadership and service for the benefit of the veteran and military community
- ✿ Prevention of combat related stress and other mental health problems associated with combat deployment
- ✿ Promotion of resilient and strong military families



## Background



## MPHI Partners

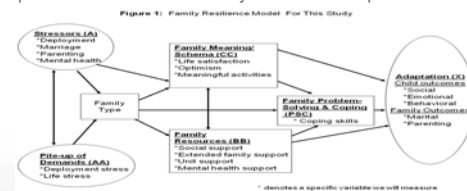
- ✦ Danielle Guty, Research Assistant/ Project Coordinator
- ✦ IST – Develop online data collection tool
  - Kerie Hughes
  - Peter Jantos
  - Nate Clark
- ✦ IST – SharePoint site
  - Sonya Groesser

## Study Aim and Methods

- ✦ We aim to examine risk and resiliency factors in family units from a National Guard infantry/cavalry battalion throughout their deployment cycle.
- ✦ Quantitative
  - ✦ Surveys will assess factors of risk (what makes families vulnerable) and resilience (what makes families strong)
  - ✦ Longitudinal with data collected at 90 days, 1 year and 2 years after the service member returns home linked to data collected June 2011
  - ✦ Link to pre-deployment survey
- ✦ Qualitative
  - ✦ Series of three interviews with a subsample of 40 families

## Expected Outcome

- ✦ Expand current models of family stress and adaptations



- ✦ Inform development and adaption of evidence-based family and community resilience programs
- ✦ Enhance methods that build and sustain strong relationships within military families

## Study Progress

### Completed

- ⊕ Pre-Deployment Survey
- ⊕ Post-Deployment Surveys
  - ⊕ 607 Service Members
  - ⊕ 331 Spouses/Significant Others
  - ⊕ 29 Parents
- ⊕ 40 Family Interviews
- ⊕ Gift card paid out
  - ⊕ \$25 for each survey
  - ⊕ \$100 for each family interview

### To be completed by Sept. 2015

- ⊕ Surveys
  - ⊕ 1 year following deployment survey in conjunction with VOICES and online
  - ⊕ 2 years following deployment survey
- ⊕ Family Interviews
  - ⊕ 1 year follow-up after reunion
  - ⊕ 2 years follow-up after reunion



## Percentage of National Guard Service Members Who Met the Screening Criteria for Mental Health Problem

|   | 45-90 days<br>2006-2008<br>N=332 | 45-60 days<br>2009<br>N=325<br>partnered | Pre-deployment<br>2011<br>N=617 | 6 months<br>2011-2012<br>N=694 | 12 months<br>2011-2012<br>N=194 |
|---|----------------------------------|--|---------------------------------|--------------------------------|---------------------------------|
| <b>PTSD (PCL-M &gt;50)</b>                        | 11%                              | 13%                                      | 12%                             | 16%                            | 12%                             |
| <b>Depression BDI-II &gt; 14<br/>PHQ-9 &gt;10</b> | 21%                              | 21%                                      | 13%                             | 19%                            | 20%                             |
| <b>Suicidal risk</b>                              | 5%                               |  | 7%                              | 7%                             | 9%                              |
| <b>Hazardous alcohol use<br/>AUDIT</b>            | 20%*                             | 35%                                      |                                 | 50%**                          | 44%                             |
| <b>1 or more identified MH problem</b>            | 40%                              |  |                                 |                                |                                 |

## Mental Health Concerns

### Spouses/Significant Others:

34% report one or more mental health problem

- 17% PTSD / Stressful Life Event
- 22% Depression
- 10% Suicidal Thoughts
- 3% Hazardous Alcohol Use

(Michigan Study, Gorman et al, 2011)



## Barriers to Care

| Sample  | 2006-2008 | 2009-2010 | 2011-2012 |
|---|-----------|-----------|-----------|
| <b>Stigma</b>   |           |           |           |
| It would be too embarrassing.                                   | 15%       | 15%       | 12%       |
| It would harm my career.  | 17%       | 17%       | 15%       |
| Members of my unit might have less confidence in me.*           | 19%       | 15%       | 11%       |
| My unit leadership might treat me differently.*                 | 19%       | 17%       | 13%       |
| My leaders would blame me for the problem.*                     | 11%       | 8%        | 7%        |
| I would be seen as weak.*                                       | 18%       | 15%       | 11%       |
| <b>Logistical</b>   |           |           |           |
| I don't know where to get help.                                 | 6%        | 6%        | 5%        |
| I don't have adequate transportation.                           | 5%        | 4%        | 3%        |
| It is difficult to schedule an appointment.*                    | 12%       | 7%        | 13%       |
| There would be difficulty getting time off work for treatment.* | 14%       | 8%        | 13%       |
| Mental health care costs too much money.                        | 18%       | 15%       | 17%       |
| <b>Belief</b>   |           |           |           |
| I don't trust mental health professionals*                      | 16%       | 11%       | 9%        |
| Mental health care doesn't work.                                | 7%        | 6%        | 6%        |

## Work in progress: Coding interviews

- ✿ Military Spouse
- ✿ Unemployment and Financial strains
- ✿ Military/Civilian Divide: A Lack of Understanding



## How research data has been used to benefit Michigan soldiers & families

- ✿ Outreach
  - ✿ Systems of Care 2008-2011
  - ✿ Military Child Education Coalition 2010
- ✿ Policy
  - ✿ 2008 – Family Impact Seminar
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- ✿ Funding for community programs
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  - ✿ Home Front Strong (Michelle Kees, UM)
- ✿ Train Providers
  - ✿ Star Behavioral Health Program (Adrian Blow, MSU)
  - ✿ Family Physicians – Family Medicine Research, (Gorman)



## Community Partners

- ✿ A special thanks to all of the men and women in the Michigan National Guard and their families
- ✿ Michigan National Guard, Maj. Gen. Gregory Vadnais, COL Greg Durkac, COL Mary Jones, LTC Jefferey Connell, CW4 Jeannie O'Dell, CSM Daniel Lincoln, 1 LT Stephanie Boltrick
- ✿ Service members and family of the 125/126 Battalion
- ✿ Michigan State University, Adrian Blow, Hiram Fitzgerald, Ryan Bowles
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- ✿ University of Michigan, Michelle Kees, Susan McDonough, Kate Rosenblum
- ✿ Virginia Tech, Angela Huebner
- ✿ Michigan Veterans Affairs Agency, Tigi Habtemariam





## **Codes used for MPHI Breakfast Club Presentation**

### **Spouses' experience of deployment**

FEMALE SPOUSE: a lot of what I just told myself throughout the deployment was just I wanted to hold this family together as best as I could despite everything that I was doing between school and him being gone and you know whatever little things that got thrown at me along the way but that was always my end goal was just to keep us together

MALE SPOUSE For me a lot of it is I understand how important her job is to her and how fulfilling it is to her and I think a lot of people don't have the opportunity or they are unable to find the pathway that gets them to a job that is fulfilling on that sort of level that she has with it so anything that I can do in order to help facilitate that to me is worth it because I think it is a pretty rare thing...

FEMALE SPOUSE: Well there were times when it popped through my mind like what if he comes back and he doesn't have a leg or he doesn't have his arms or like what if he's not okay mentally you know but there is really nothing I can do. I can worry all the time it's not going to keep him in one piece, ... I just had to step back because I couldn't fly over there and make it any better and I had to take care of things at home because if I didn't take care of things at home when he come back and his home is in chaos it's just a mess so he had his job over there and I had my job here and just both are trying to do our jobs as best as we possibly can to get through it, so...

FEMALE SPOUSE: I was very disconnected from my pregnancy I was very... it wasn't a happy thing for me... I mean I was very happy about the idea of a baby and I loved my baby, but I didn't have my husband there to rub my back like he wasn't there to touch my belly so I didn't. It was a very weird feeling because I felt like why should I get to experience it if he wasn't.

FEMALE SPOUSE: It's intense emotionally, it's intense physically and intense in every other aspect of everything. It is emotionally draining, it is intense stressful, it is intense love, disconnect; everything about it is intense. There is not one minute where you are not on heightened status of everything. I can't tell you the feeling that I felt when I realized I could leave my phone at home and not worry about it. I remember when he finally was stateside and his name popped up on my phone instead of a crazy number and it actually had \_\_\_\_\_ call like the most stupid feelings in the world it is happening this is for real. To live your life so on alert is a very intense emotional thing.

### **Unemployment and Financial strain**

MALE SERVICE MEMBER: "A couple of years ago, I couldn't find a job. ... I had resumes out there for jobs that I thought were in my industry but, people wouldn't hire me because I was in the National Guard."

MALE SERVICE MEMBER: You know I came back home and I was worried about a job you know and that's a lot of us what we face coming back, especially us that were in the Guard. People don't want to hire us because they have to worry about going on deployment again and they have to hold your spot.

SINGLE FEMALE SERVICE MEMBER: And it's life lessons...I worked in a job that I worked paycheck to paycheck to pay the bills and I had to beg for overtime to get birthday presents and Christmas presents and you know I made some hard choices and major sacrifices in order to make my kids' life better, meaning joining the Army and knowing that I'd be away from them at times and I made them make that sacrifice in a sense because they didn't have a choice. Even if they said Mom, I don't want you to go, ...Our lives are so much better now because I was able to establish a career and make better money...

FEMALE SPOUSE: The job transition has been interesting to watch because it's been frustrating, too. \_\_\_\_\_ had so much responsibility and did so much in the military and, now, he's just an hourly worker at this job that's okay but, it's not a career. I just wish that he could find something that was as meaningful to him as the National Guard is.

MALE SERVICE MEMBER: a lot of people do not like hiring especially...they don't mind hiring vets but when you're still in the Guard, they're not supposed to discriminate against you but...they'll find another reason. It was like oh, you weren't quite just the candidate we were looking for even though in reality you were perfect, exactly what they were looking for they just don't know when you're going to be deployed again and hold your spot.

### **A lack of understanding**

FEMALE SPOUSE: "He's pretty much the only one that's serving in the military but nobody would really ever ask me for any details or you know they would kind of just ask me the generic questions of oh, how are you? You know I'm all right. Have you heard from \_\_\_\_\_? Those would usually be the two most common questions but nobody ever really got into a whole lot of detail because I think they just didn't really know what to ask

MALE SERVICE MEMBER: I don't really discuss details too much. I let them know that I did what I had to and I had fun doing what I did even though you know it was dangerous. I think my version of fun is a little different than theirs. The fun part is me

accomplishing the mission and bringing people home and doing my job. I think they hear fun and they're thinking like running around the park or you know playing baseball or something. That's fun to them. Me doing my job and surviving I guess.

FEMALE SOLDIER: I started school two weeks after I got home and I was in line buying my books and a girl saw another girl she knew and she said, "How are you doing, today?" And she said, "Terrible. I had to get up at noon." I just wanted to rip my hair out. Like I just wanted to rip...that's why you're doing terribly? Oh my God. I don't think I've ever slept until noon. It's very frustrating. It's very, very frustrating to feel like you're sacrificing so much. Like we have a wonderful life together and I choose to leave it and, when you see other people like you just wonder like how are you not participating in the same reality. I don't understand. Like the reality of mine and the reality of other people that I see, we're not existing in the same space. Like it's...that's really frustrating. So, you know, my views have pretty radically changed

FEMALE SPOUSE: Yes because people would ask about, especially during the first deployment, people would ask about, "What do you think? Do you think there are really weapons of mass destruction? Do you think we're there on purpose like some conspiracy?" I said, "I really don't know but, I know that \_\_\_\_\_'s job like he said is to take care of his guys and he's going to do that and I really think that whether we know or not, if it's the right thing to be there, we're doing our duty

MALE SERVICE MEMBER: in the National Guard you come back to the real world outside of the military.... and then you know... "Man you just want to strangle someone that asks you, "Is it hot? and Did you shoot anybody? Is it hot! Did you shoot anybody! First of all anybody that's ever had to draw their weapon out, that's not something that most guys feel comfortable with. Even if you've had some confirms underneath your belt, any real veteran doesn't brag about stuff like that. And of course it was hot! I mean come on, dude! But you just let that roll off your back. You know you can't let that bother you, ... because you have to throw your civilian hat on now,

MALE SERVICE MEMBER TALKING ABOUT SEEING A COUNSELOR: "even if you did tell them it's like trying to explain thermal dynamics to a cave man. They don't understand it so to them it's just going to be you talking and they're going to hear you talking but they're not going to really understand it so you're almost at a time wasting your breath"

FEMALE SPOUSE: It's our life you have to be okay with it like that is one thing that really bothered me about civilians saying something is they said, "How can you let him do this?" First of all it's not my choice. Second of all you better bet that he decides that he wants to do something like this I am going to stand behind him because there is nothing that will faster divide your marriage if you do not support someone who is

making a decision like this. It pisses me off when people would put it on me “how do you let him do that?” or “How can you let him leave you?” If that was his choice he would be sitting right here not doing it, but because he was called to do it you do it.

FEMALE SPOUSE: I remember there was one time I was at a grocery store I was Uber pregnant waddling through lifting the water in the cart and the dog food and all of that stuff and someone saw this and said your husband should be doing that for you. And I had to turnaround with like a stone cold look on my face and say my husband is in a war zone right now and he just looked at me and I was like really.

MALE SERVICE MEMBER: It is. I feel like I have a very strong pride in it like we have kind of talked about it I feel like no one will ever get it unless they are military. I feel like people can try to understand it and people can get close to it but until you have someone like your best friend, your other half go through it you won't understand. I mean you can put yourself in those shoes you can try and like sympathize with me as much as you can but until you have done the time that I did and watched every single thing that I did you won't know.

## Supplement to USVA Mental Health Services and Benefits Memorandum MEMORANDUM

To: Sara Wycoff  
From: Lisa Gorman  
Date: 5/10/2013  
Subject: National Guard and Reserve Component

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### **Purpose of Memo:**

To provide supplemental information to USVA Mental Health Services and Benefits Memorandum on unique issues National Guard and Reserve encounter accessing mental health services provided by the United States Veterans Health and/or Benefit Administration.

### **Background Information:**

National Guard members can serve as Title 32 (M-day), Title 10 (active duty), Active Guard & Reserve, or technician. Each duty status has service related benefits. Over the service member's career he/she may transition between different duty statuses multiple times. A common transition would be from Title 32 to Title 10 during deployment, back to Title 32, again to Title 10 during a second, third, or fourth deployment, and Title 32 following each deployment until they separate from service. Duty status determines what benefits they are eligible for from the Department of Defense (DOD). Unlike their active duty counterparts who receive health care from DOD throughout their military career and VA benefits following, the National Guard may also transition between DOD and VA healthcare benefits multiple times.

Army National Guard federal active duty Soldiers who have been classified as Special Category (SPECAT) as a result of a wound, illness, and/or injury incurred in the line of duty on or after September 11, 2001 in support of an Overseas Contingency Operation are eligible for the Army Wounded Warrior (AW2) program, DOD healthcare and disability compensation. Soldiers must have been awarded an Army disability rating of 30% or greater from the Integrated Disability Evaluation System (IDES) in one or more specific categories or a combined rating of 50% or greater for conditions that are the result of combat or are combat related to be classified as Severely Disabled. PTSD is listed as one of the qualifying injuries. In addition to symptoms of PTSD, depression and substance abuse are often comorbid with other qualifying injuries such as severe TBI, severe loss of vision or hearing, fatal/incurable disease with limited life expectancy, loss of limb, spinal cord injury, permanent disfigurement, severe burns, and severe paralysis. The service member receives treatment at a military treatment facility such as Fort Knox, Walter Reed, Fort Hood or other military medical center depending on nature of injury.

When National Guard or Reserve members are injured during active duty status, the DOD will provide medical or mental health treatment. The National Guard and Reserve members also continue to receive active duty pay from DOD during their medical treatment in AW2, Marine Corps Wounded Warrior Regiment, Air Force Wounded Warrior Program or Navy Safe Harbor. In some cases, the service member will be able to get rehabilitation care in the local community from civilian providers with TRICARE coverage. TRICARE is DOD funded Military Health System that combines resources of the uniformed services with networks of civilian health care providers including mental health providers.

If an injury or illness causes the service member to fall below the DOD retention standard, then the service member is processed through the disability system and their records go to the VA. Service members who are discharged from active duty with an injury or illness considered medically unfit for duty typically receive their VA benefits check more quickly.

Line of Duty (LOD) determination is extremely important for Reserve and Guard members. Service members who incur or aggravate an injury, illness, or disease in the line of duty are entitled to treatment as authorized under 10 U.S.C. 1074 or 1074a at approved military treatment facility and pay and allowances entitlement as allowed by Sections 204(g). The National Guard or Reserve member would be considered incapacitated if the physical disability prevents the service member from performing military duties or returning to the civilian

occupation in which the member was engaged at the time the injury, illness, or disease was incurred or aggravated.<sup>1</sup> Without an LOD, the National Guard or Reserve member will have to prove their health issue is service related to get back into the Wounded Warrior Programs or to receive benefits from the VA. This includes not only VA healthcare and disability compensation, but also a service-connected disability rating is required for National Guard and Reserve Veterans to be eligible for an evaluation for the VA vocational rehabilitation and employment program (VR&E).

#### Accessing Health Care

Michigan National Guard and Reserve members must have been activated for federal active duty (deployed) in order to be eligible for VA health care benefits.<sup>2</sup> Operation Enduring Freedom and Operation Iraqi Freedom, combat Veterans can receive cost free medical care for any condition related to service in Iraq/Afghanistan for 5 years after the date of discharge with enrollment in VA health care. Michigan National Guard members go through demobilization (a 14 day process) at an active duty installation in the United States when they are returning from combat deployments where they are assessed for medical and mental health concerns. The service member must be other than dishonorably discharged to be eligible and then must register his/herself with the VHA.

#### Accessing Disability Compensation Benefits

To receive treatment for service related injury, the service member's unit must issue a Line of Duty (LOD) determination. If there are any complications from an injury that was deemed not in the line of duty, the VA may determine that the soldier is not eligible for VA benefits or medical treatment for the injury. The VA also determines if the soldier is entitled to any disability benefits for the condition.

National Guard members cannot receive any VA disability payments while receiving active or inactive duty training pay.<sup>3</sup> If the service member goes on active duty (Title 10) for over 30 days, he/ she must stop VA disability payments. National Guard member receiving VA disability as a traditional guardsman (Title 32) must waive the VA disability for the amount of time they performed their Inactive Duty Training (IDT) each training year. For example, National Guard soldiers usually drill 48 Unit Training Assemblies (UTA) and attend 15 days of annual training (AT) equaling 63 days. The amount of indebtedness is calculated and the amount of estimated payment for the IDT is withheld from future VA payments in order to prevent dual compensation.

#### Common Problems

Stigma associated with mental health result in service members self-reporting that there is no medical or mental health issue at the demobilization site.

- Service members are reluctant to report a mental health concern because of the stigma associated with mental health care.
- Michigan National Guard members (N=1,880) between 2007 and 2012 reported the following barriers to mental health treatment: 27% do not want mental health treatment to appear on their military record and 16% fear mental health treatment will impact their military career.
- The Michigan National Guard has invested in programs that target stigma. Even though there has been a reduction in barriers to care related to negative treatment beliefs in the last five years, stigma related to harming one's career continues to be a barrier for mental health treatment.

National Guard members often do not report service related health problems at demobilization because they do not want to extend their time away from home and family. (Even though the back or joint pain, hearing loss, PTSD, or other medical issue preventing them from returning to civilian work may be service related, a LOD for the injury was not noted).

- National Guard members do not return to a home installation during demobilization like their active duty counterparts but to an active duty installation.
- Reporting back or joint pain, symptoms of TBI or PTSD or other service related health issues at demobilization extends the service member's time on active duty but also adds another 2-3 months away from home onto their 12 month deployment and separation.

- Without an LOD, service members are not eligible for Wounded Warrior Programs or TRICARE, the DOD funded health care system with a network of civilian providers. This eligibility is essential for National Guard members without military installations in their area.
- Without an LOD, the veteran must prove that their injury or illness is service related and usually waits months if not more than a year to be processed.

Even though the service members receive information about benefits and eligibility during Yellow Ribbon Reintegration events and demobilization from combat zones, they often fail to take the necessary steps to ensure timely receipt of benefits.

- Even though the service member is enrolled in VHA, they need to schedule an appointment with their identified VHA or CBOC within the first year following deployment and not all service members schedule the necessary appointment.
- Some veterans mistakenly think that they enrolled in both VHA and VBA because they enrolled with the VA at demobilization.
- National Guard members have to re-enroll in VHA after each deployment or other active duty status including resubmit a 10-10EZ along with a copy of the DD214 so that they can get five more years of health care coverage through the VA.
- National Guard members filing claims with the VA are not always using the County Veterans Service Officer to ensure that their application is complete, further delaying receipt of earned benefits.
- Perception among National Guard and Reserve is that the VA is slow to process and they often give up pursuing earned benefits, depend on alternative benefits from civilian community, or otherwise get lost in an effective system of care.

When any one or a combination of these three common problems occur for the National Guard or Reserve member seeking VA benefits, the problems are compounded and often lead to a downward spiral of physical, psychological, and psychosocial health outcomes. Examples of this downward spiral six months post-deployment can be requested through the DOD funded project *Risk, Resiliency and Coping in National Guard Families* by contacting Lisa Gorman at [lgorman@mphi.org](mailto:lgorman@mphi.org).

#### Sources:

<sup>1</sup>DOD Instruction: Reserve Component Incapacitation System retrieved from <http://www.dtic.mil/whs/directives/corres/pdf/124102p.pdf>

<sup>2</sup>Congressional Research Service, "Who is a Veteran? – Basic Eligibility for Veterans' Benefits, January 23, 2012 retrieved from: <http://www.fas.org/sgp/crs/misc/R42324.pdf>

<sup>3</sup>VA/Military Pay Dual Compensation Information Sheet retrieved April 29 from <http://www.ndguard.ngb.army.mil/benefits/veteransbenefits/dualcompensation/Pages/default.aspx>